

Nielsen's Market, Inc.

FREQUENT SHOPPER PROGRAM APPLICATION

- REPLACEMENT
 NEW APPLICATION
 CHANGE OF INFORMATION

CARD #:

(FOR OFFICE USE ONLY)

PRIMARY SHOPPER:		Last Name:	First Name:	M.I.:
MAILING ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		WORK PHONE:		
EMPLOYER:				
BANK:				
BRANCH:			ACCOUNT#:	

NIELSEN'S MARKET 1% REBATE PROGRAM NONPROFIT GROUP DESIGNATION

I WOULD LIKE THIS NONPROFIT ORGANIZATION TO RECEIVE A DONATION FROM NIELSEN'S MARKET ON MY BEHALF BASED ON 1% OF MY TOTAL GROCERY PURCHASES:

ORGANIZATION
NUMBER:

SYU ACADEMIC BOOSTER CLUB SY

(FOR OFFICE USE ONLY)

By signing, I ask to receive the Nielsen's Market Frequent Shopper Card. I agree to be obligated by the terms under which it is issued. Purchases made using the Frequent Shopper Card will be automatically recorded, which allows us to provide you the special offers and information about items that may be of interest to you. I understand that Nielsen's Market may provide my purchase amounts to the nonprofit organization I have designated above (if they so request) for the purpose of rebate verification. I fully understand that my Frequent Shopper Card is valid only at Nielsen's Market. I give the bank named above permission to verify the existence of my checking account to Nielsen's Market, Inc. and their agents to be used for check cashing purposes only. I have read and understand the terms and conditions above and agree to abide by store rules.

Signature In Full: _____ Date: _____