

# LOYALTY CARD APPLICATION FORM

Title and Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E mail address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_

Spouse or Partner's Title and Full Name: \_\_\_\_\_

[This will enable your partner or spouse to be registered to use the card]

Spouse or Partner's Date of Birth (optional): \_\_\_\_\_

## For Office Use Only

Date card ordered: \_\_\_\_\_

Date customer rung: \_\_\_\_\_

Customer membership number: \_\_\_\_\_

Customer signature for receipt of card: \_\_\_\_\_ Date: \_\_\_\_\_

