



RepeatRewards®

Fast Start Form

Fax Completed Form to
(952) 974-7874

Corporate Information

Corporate Name: _____ Owner(s) Name: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Personal Email: _____ Website Address: _____

Office Phone: (_____) _____ Office Fax: (_____) _____ Mobile Phone: (_____) _____

Preferred Communication (regular correspondence & invoices): Email Fax

Location Information

Store Name: _____

Store's Address: _____ City: _____ State: _____ Zip: _____

Store Phone: (_____) _____ Store Email: _____

Store Contact/Title: _____ Business Type: _____

Program

*Classic Rewards Instant Issue Web Rewards Stored Rewards

*Classic award options: Postcard Letter

(All program "defaults" are printed below. Contact us for other options.)

Program Name: "RepeatRewards®" or _____ (40 characters max)

Enrollment Offer: "Join today for a FREE membership with purchase" Charge for program? Yes No If yes, cost is \$ _____

Award Threshold (Dollars spent to earn a certificate.): "\$200" Certificate Amount: "\$10" Certificate Expiration: "60 days"

Custom Option for Restaurants: Interim Offer (awarded to members as a bonus, at the half-way point of your Award Threshold):

"Free Appetizer or Dessert - No Strings Attached" or create your own: _____

**This is an optional offer. Check box if you are interested. If not, leave blank.

Logo

Yes, I wish to use my business logo on all materials.

I have provided my business card (attached to this form)

I will email my high resolution logo (pdf, jpg, gif)

**If we are not in receipt of your logo within 5 days, your first batch of materials will automatically print with your business name in a standard font. Please note: if this happens we can always add your logo in the future.

Membership Cards

Standard Full-Color Key Tags Stickers No Card

(Check the box next to the color you choose for card color and print/ink color)

Card Color: Black Gray White Crnbry Red Pink Blue Lt Bl Orange Yellow Tan Green Bronze Gold Silver

Print (Ink) Color: Black Purple Silver Drk Bl White Wrm Rd Teal Red Green Lt Bl

Fast Start Form (Cont.)

Bonus Day Double Points Promotion (Choose your weekly bonus day, which is when your members will automatically receive double points. Default is Weekly/Wednesday.)

Weekly (circle one): Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

** If you choose not to do a bonus day, the award letter will be mailed at the First Class Postage Rate, which is an additional cost of \$0.11 each due to postal regulations.

Marketing Communication Direct Mail Email Cent\$ible Marketing

(All program "defaults" are printed below. Contact us for other options.)

Welcome/Thank You: Offer "[Double Points](#)" or _____ Expiration "[30 days](#)" or _____

Birthday: Offer "[Present this Card for a FREE Meal - Value to \\$15](#)" or _____

Anniversary: Offer "[Present this Card for a FREE Meal - Value to \\$15](#)" or _____

Gift Cards

Yes, I wish to participate in the Gift Card Program No, I do not wish to participate in the Gift Card Program

I will receive 100 FREE cards with the start up kit. Please send _____ additional gift cards. I would like _____ TOTAL gift cards.

Data Collection Terminal (VeriFone®)

Tranz380 Omni3740 Virtual Hypercom4220: with Scanner without Scanner

Purchase Lease Rent

Tranz380 and Omni3740 require an analog phone line. Hypercom4220 and Virtual terminal require internet connectivity.

Number of terminals needed: _____

Time Zone (circle one): Atlantic Eastern Central Mountain Pacific Other _____ Observe Daylights Saving Time: Yes No

Is there power to terminal overnight? Yes No If no, what is a good time to upload? _____ a.m. p.m. (circle one)

Dial out: Do you need to dial "9" or other number for outside line? Yes No If yes, what is it: _____

I understand I (we) will receive copies of all sample materials for our records, in the Start-Up kit. Billing/Program Start Date will begin three weeks from the ship date of your Start-Up kit or when RepeatRewards® receives the first transaction or profile, whichever occurs first.

TERMS AND CONDITIONS STATEMENT: By signing this form, I authorize Pro/Phase Marketing, Inc. (PPMI) to bill my credit card or debit my checking/savings account listed, every month my account ranges from \$0.01 to \$10,000.00, for all services received during the previous month. If amount due exceeds this range, PPMI will notify me prior to billing. Billing will occur on the 1st of every month unless otherwise agreed. I agree to notify PPMI if I cancel the credit card or checking/savings account on file and provide new/updated information for billing purposes. I understand that PPMI will invoice all charges per my Terms and Conditions agreement. I understand that PPMI will invoice a \$20.00 dollar fee or the maximum allowable amount as determined by state law each time the bank issuing my credit card or checking/savings account dishonors a charge. I am agreeing that you may communicate important information to me about the program and my membership via mail, phone, fax, or e-mail. If I cancel the RepeatRewards program and do not return the data collection terminal(s) to PPMI, a charge per each terminal in my possession will be collected via credit card or checking/savings account debit.

Payment Information

Credit Card (circle one): MasterCard Visa Discover American Express Card Number: _____

Name (as it appears on card): _____ Expiration (MM) _____ (YY) _____

Billing Address: _____

OR Direct Debit from (circle one): Checking Account Savings Account

Bank Name: _____ Branch (City, ST, Zip) _____

Routing Number: _____ Account Number: _____

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS STATEMENT ABOVE.

Signature: _____ Date: _____