



WHEN COMPLETE, RETURN BOTH SIDES BY FAX TO (952) 974-7874

Business Name: _____ Contact: _____

Address: _____ Phone: _____

City, State, Zip: _____

Please complete the following information.

Location Detail:
o Single Location
o Multiple Locations -- specify total number of locations: _____
o Multiple Locations - if shipping to multiple locations, use back of form for additional address information

Data Collection Terminal:

- I need an Omni 3740/3750 terminal; total qty needed*: _____
(* Note: Provide the total number of terminals required).
Payment Option: o Purchase o Lease to Own o Rent
(Refer to "Payment Options" in the Omni Terminal section above for payment and pricing information on additional terminals.)
o I currently use an Omni 3740/3750 and DO NOT need a terminal

Logo:
o Use my logo on file
o I do not want to use a logo
o Setup my logo (\$50.00 one-time fee for gift card program users only; no charge for loyalty program users)

Additional Cards: 100 cards are included with your start up kit. Please indicate if you would like additional cards sent (please order in multiples of 100 only).

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

Payment Information (For Gift Card Merchants Only):

Credit Card (circle one) MasterCard Visa American Express

Card # _____

Name (as it appears on card) _____

Direct Debit From (circle one) Checking Account Savings Account

Bank Name _____

Branch (City, State, Zip) _____

Routing # _____ Account # _____

(Signature)

(Date)

I authorize Pro/Phase Marketing, Inc. (PPMI) to bill my credit card or debit my checking/savings account listed, every month my account balance exceeds \$0.00 for all products and services received during that month. 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 each time the bank issuing my credit card or checking/savings account dishonors a charge. By signing this form, 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 you cancel the RepeatRewards® program and you do not return the data collection terminal(s) to PPMI, we will apply a \$369.00 charge per each outstanding terminal.