



HSE000

RepeatRewards® Loyalty Program (Page 1)

FAST-START FORM PLEASE PRINT LEGIBLY WHEN COMPLETE, RETURN BOTH SIDES BY FAX (952) 974-7874

Corporate Information:

Corporate Name: _____

Owner(s) Name: _____

Office Address: _____

City: _____ ST. _____ Zip: _____

Personal email: _____

Website address: _____

Office Phone: (____) _____ Mobile Phone: (____) _____

Office Fax: (____) _____ Home Phone: (____) _____

Preferred Communication (regular correspondence & invoices): E-mail Fax

Location Information:

Your members will see the following on promotional materials sent:

Store Name: _____

Store's Physical Address: _____

City: _____ ST. _____ Zip: _____

Store Phone: (____) _____

Store E-mail: _____

Store Contact/Title: _____

Business Type: Restaurant Retail

Shipping (check one):

Please send all materials to address listed in "Corporate Information"

Please ship materials to address listed in "Location Information"

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

Program Name "RepeatRewards®" or _____ (40 character max).

Enrollment Offer (appears on brochure): "Join today for a FREE membership with purchase"

Charging for the program? Y or N If yes, cost is \$ _____

Award Threshold "\$200" (Dollars spent to earn a certificate.)

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: _____

**** If you are not interested in the Interim Offer please cross off this box. ****

Logo:

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

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

Please try to pull my business logo from my website: _____

No, I do not want to use a logo on any materials.

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:

Card Color Options



Card color: _____

Print Color Options:



Print (Ink) color: _____

Custom membership cards are available (price quote required- please call Merchant Services at 866-876-2737).



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

Weekly (choose one): Su / M / T / **(W)** / Th / F / Sa

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 to you of \$0.10 each.

Postcards: Contact us for other options.

Welcome/Thank You: Offer "Double Points" or _____ Expiration "30 days" or _____

Birthday: Retail Offer: "Present This Card For \$5 Off Your Next Purchase" or _____

Restaurant Offer: "Present This Card For A FREE Meal - Value to \$15" or _____

Gift Card: Yes, I wish to participate in the Gift Card Program (\$89 set-up fee) No, I do not wish to participate in the Gift Card Program

I need an Omni 3740/50 terminal; total qty needed: _____ Payment Option: Purchase (\$369) Lease to Own (\$34.99/mo-12 mo) Rent (\$20/mo)

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®): Note: needs access to power outlet and phone line (phone line may be shared with another device or credit card machine).

Number of terminals needed: _____ (One included; each additional terminal is \$15 per month.) Observe Daylight Savings Time (circle one)? YES or NO
Time zone (circle one): Atlantic Eastern Central Mountain Pacific Other _____ Is there power to terminal overnight (circle one)? YES or NO
Dial out: Do you need to dial "9" or other # for outside line? (circle one) YES or NO If "NO", what is a good time to upload? _____ a.m. p.m.
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.

Payment Information:

Credit Card (circle one) MasterCard Visa American Express
Card # _____ Expiration (MM) _____ (YY) _____
Name: (as it appears on card) _____

OR Direct Debit From (circle one) Checking Account Savings Account
Bank Name _____
Branch (City, ST, 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 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 \$275.00/\$369.00 charge per each terminal.

Regional Use Only: Regional # _____
Agent's Name: _____
Phone: (_____) _____