

# The Best Rewards™ Program

Simply fill out this enrollment form and make your shopping with us more rewarding.



PLEASE PRINT IN ALL CAPITAL LETTERS

**REQUIRED INFORMATION**  
Please complete the information in the shaded area.

Mr.  Ms.  Mrs.

LAST NAME

FIRST NAME

M. I.

PHONE NUMBER

ADDRESS

APT. NUMBER

CITY

STATE

ZIP + 4

E-MAIL ADDRESS

BIRTHDATE: (MONTH/DAY/YEAR)

**OPTIONAL INFORMATION**

Please complete the information below so we can **REWARD** you more often.

SPOUSE'S NAME

BIRTHDATE (MONTH/DAY)

CHILD'S NAME

BIRTHDATE (MONTH/DAY)

CHILD'S NAME

BIRTHDATE (MONTH/DAY)

CHILD'S NAME

BIRTHDATE (MONTH/DAY)

For store use only

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- NEW APPLICATION
- REPLACEMENT CARD

We are proud to be a community member. The information you provide us will be held in the strictest of confidence.

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SIGNATURE

Affix Do it Best® Rewards Program Decal here.