



# 15% Discount Application

(For cash, check, credit/debit card payments)

Please print & Fill out completely

Individual       Business

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Business Name If Applicable: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Ace Rewards # \_\_\_\_\_ (if applicable)

In order for your discount to go into effect immediately, you must provide three months of receipts showing \$300 in average monthly purchases. If receipts are not available, your discount will be activated after three months of averaging \$300 in monthly purchases.

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

## For Office Use Only

Approval \_\_\_\_\_ Date \_\_\_\_\_ Account # \_\_\_\_\_ Associate \_\_\_\_\_