S&S LOYALTY PROGRAM REGISTRATION

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Name	Title				
Name	Title				
			Date		
S&S LOYALTY	PROGR	AM RE	EGISTR <i>A</i>	TION	
			OFFICE USE ONLY:		
TYPE OF DISCINIESS.				MEMBERS	SHIP CARD NO.
TYPE OF BUSINESS: Foodservice	ce Retailer	Other:			
COMPANY NAME:					
CONTACT NAME:					
BUSINESS ADDRESS:					
•	ADDRESS		CITY	PROVINCE	POSTAL CODI
TELEPHONE NUMBER:			FAX NUMBER:		
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Title

Name

Date