

## FAST POINTS APPLICATION FORM

CUSTOMER CODE	
CUSTOMER NAME	
POSTAL ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

I have read and agree to abide by the terms and conditions of the Blacks Fasteners Rewards programme (please tick)

I am authorised to enrol the above customer in the Blacks Fasteners Rewards programme (please tick)

SIGNATURE \_\_\_\_\_

NAME (Please Print)

## Please email to rewards@blacksfasteners.co.nz or fax to (03) 353 0088

An email confirming your enrolment will be sent to the email address above within 5 working days



