

Cut Here

<b>Pete's</b> <b>County Market</b>					<b>APPLICATION FORM</b>					<b>Pete's</b> <b>Smart Card</b>					MEMBERSHIP NUMBER									
Last Name					First Name					MI					• Male • Female					Birth Date M   D				
Additional Card Holders / Family Members					First Name					MI					• Male • Female					Birth Date M   D				
					First Name					MI					• Male • Female					Birth Date M   D				
					First Name					MI					• Male • Female					Birth Date M   D				
Street Address															Apt/Suite									
City										State					Zip									
Home Phone Number ( )					Work Phone Number ( )					E-mail Address														
Privacy Commentment Statement - I understand that my purchases may be recorded and may be used for marketing purposed. I am aware that I may recieve information and special offers from this store. Because we value your privacy, all customer information is strictly confidential and will not be sold. <b>Note: Please list additional family members on back of application.</b>																								

Cut Here