



# Profile Information

## Buy great products from great brands and get back great rewards!

An easy to use frequent-buyer reward program, Foodservice Rewards® is a great way to earn rewards for free. Simply buy the foodservice products you already buy for your business, in the way you normally buy them. Every time you purchase eligible products from participating brands, you'll earn valuable points. Redeem your points for thousands of rewards that will help you stretch your budget, motivate your staff, or drive customer traffic. You can select rewards for your business, your employees, your customers or yourself.

A response for each question is **REQUIRED** for a complete enrollment. An incomplete form can **NOT** be processed.

### STEP ONE: Contact Information

Title:  Miss  Mr.  Mrs.  Ms.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Job Title (choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> Asst. Director of Foodservices | <input type="checkbox"/> Executive Chef            |
| <input type="checkbox"/> Asst. Manager of Foodservices  | <input type="checkbox"/> Kitchen/Cafeteria Manager |
| <input type="checkbox"/> Buyer/Purchaser Food & Bev.    | <input type="checkbox"/> Manager of Foodservices   |
| <input type="checkbox"/> CEO                            | <input type="checkbox"/> Nutrition/Dietary Manager |
| <input type="checkbox"/> Chef                           | <input type="checkbox"/> Owner                     |
| <input type="checkbox"/> Cook                           | <input type="checkbox"/> President                 |
| <input type="checkbox"/> Director of Foodservices       | <input type="checkbox"/> Vice President            |
| <input type="checkbox"/> Other _____                    |  |

Parent Company/Legal Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Daytime Phone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ ext: \_\_\_\_\_

Email Address \_\_\_\_\_

Password (must be 5-12 characters) \_\_\_\_\_

Security Question \_\_\_\_\_

Answer to Security Question \_\_\_\_\_

*If you forgot your password, we ask this security question to verify it's you.*

### STEP TWO: Business Characteristics

Please make a selection that best describes your Foodservice operation:

#### Business and Industry

- General Business and Industry

#### Education

- Elementary/Secondary School  College/University

#### Healthcare

- Hospital  Nursing Home

#### Restaurant and Bar

- Fine Dining/White Tablecloth (incl. alcohol)  
 Fine Dining/White Tablecloth (excl. alcohol)  
 Casual/Theme/Dinner House (incl. alcohol)  
 Casual/Theme/Dinner House (excl. alcohol)  
 Midscale/Family/Coffee Shop/Cafeteria (incl. alcohol)  
 Midscale/Family/Coffee Shop/Cafeteria (excl. alcohol)  
 Limited/Quick Service (incl. alcohol)  
 Limited/Quick Service (excl. alcohol)  
 Bars/Taverns

#### Retail Hosts

- Supermarket/Deli  Convenience Store  
 Bakery  Other Retail

#### Travel and Leisure

- |   |   |
|---|---|
| <input type="checkbox"/> Recreation         | <input type="checkbox"/> Motel/Hotel/Resort/Lodging |
| <input type="checkbox"/> Airline Catering   | <input type="checkbox"/> Cruises                    |
| <input type="checkbox"/> Clubs and Caterers | <input type="checkbox"/> Casino and Gaming          |

#### Other

- Vending/Office Coffee Service  Military  
 Correctional  Other On-Site

Please select the choice that best describes your business type:

- Self-Operated  
 Independent Franchise  
 Company Owned  
 Contract Feeder/Management Company

Primary Distributor Name \_\_\_\_\_

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

Secondary Distributor Name \_\_\_\_\_

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

### STEP THREE : Terms and Conditions

#### How did you hear about us?

- |  |   |
|--|---|
| <input type="checkbox"/> Advertisement- Online | <input type="checkbox"/> From a Friend/Refer & Earn |
| <input type="checkbox"/> Advertisement- Print  | <input type="checkbox"/> Reward Code Label          |
| <input type="checkbox"/> Broker                | <input type="checkbox"/> Sponsor Rep                |
| <input type="checkbox"/> Direct Mail           | <input type="checkbox"/> Trade Show                 |
| <input type="checkbox"/> Distributor           | <input type="checkbox"/> Other _____                |

Did you receive an Enrollment Code prior to enrolling in the program?

If so, enter it here. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

By enrolling in Foodservice Rewards, I accept the Foodservice Rewards terms and conditions, privacy policy and program communications. For example, I agree to receive the ExtraPoints eNewsletters, which are key communications that keep me up-to-date with the latest products and promotions.

- Yes, I accept the terms and conditions (see back panel).  
 Complete Program Rules available at [www.foodservicerewards.com](http://www.foodservicerewards.com).

\_\_\_\_\_  
 SIGNATURE

- Yes, I want to receive direct communications from participating Foodservice Rewards manufacturers and partners about industry news, recipes, and additional point and promotional offers that may help me improve my business.