

# Prime Rewards Program Enrollment Form

Program  
Administrator



## CLIENT INFORMATION

Business Name \_\_\_\_\_ # Units \_\_\_\_\_  
Address \_\_\_\_\_ \*Each location requires a unique enrollment form  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Location Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Email Address \_\_\_\_\_ Cell \_\_\_\_\_

\*\*All payee information will be set to the business name and checks mailed to the business address.  
Should you wish to make any further changes to your payee information please do so in the Payment Information section below. \*\*

## PAYMENT INFORMATION

Business Name on Check \_\_\_\_\_  
Check Mailing Address \_\_\_\_\_  
Payee Contact \_\_\_\_\_ Payee Email \_\_\_\_\_

## DISTRIBUTOR INFORMATION

Distributor Name _____	Distributor Name _____
City _____ State _____	City _____ State _____
Customer # _____	Customer # _____
Sales Rep _____	Sales Rep _____
Sales Rep Cell _____	Sales Rep Cell _____
Sales Rep Email _____	Sales Rep Email _____
Distributor Name _____	Distributor Name _____
City _____ State _____	City _____ State _____
Customer # _____	Customer # _____
Sales Rep _____	Sales Rep _____
Sales Rep Cell _____	Sales Rep Cell _____
Sales Rep Email _____	Sales Rep Email _____

## OTHER INFORMATION

Fountain Soda Type (Coke/Pepsi/Other - Please Specify) \_\_\_\_\_ Liquor License (Y/N) \_\_\_\_\_ Seasonal (Y/N) \_\_\_\_\_

## BUYING GROUP AFFILIATION

Are you affiliated with a buying group? If so, please provide the details. \_\_\_\_\_

## MANUFACTURER PROGRAM INFORMATION

Please provide names of any current manufacturer or distributor programs in which you participate (attach copies of all current programs to this form).

## AGREEMENT

By checking this box the client acknowledges and agrees to all the terms and conditions of the PSP Member Enrollment Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature is required.

My operation has retained Prime Source Purchasing Inc. (PSP) to coordinate our manufacturer programs, develop relationships with key manufacturers and strengthen the alliance with our distribution network by supporting more of our vendor partner brands and products.

I am asking our distributors to provide PSP with our usage information which will allow us to participate in the manufacturer programs that PSP creates on our behalf.

I am asking our manufacturer partners to direct all correspondence, communication and payment remittance to PSP since it will be assisting us with the implementation and execution of all manufacturer programs.

*This letter also serves as confirmation that Prime Source Purchasing is our sole and exclusive negotiator and administrator for all of our manufacturer programs. Our operation is not a member of nor participates in any other buying groups or programs. I hereby authorize the immediate termination of any other affiliation that may be in place.*

Thank you for your assistance. Your cooperation and support of PSP's efforts is greatly appreciated.

Please contact Prime Source Purchasing with any questions:

PRIME SOURCE PURCHASING, INC.

Attention: Kristen Menniti

201 West Passaic Street, Suite 406

Rochelle Park, NJ 07662

Phone: 201.968.5505

Fax: 201.968.5515

Email: kmenniti@primesourcepurchasing.com

Sincerely,

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Client Signature Required** \_\_\_\_\_

cc: Kristen Menniti - Marketing & Sales Director, Prime Source Purchasing Inc.