

BLACKS FASTENERS

**fastpoints**



Do good business. Get good rewards. **Simple.**

## 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](mailto: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*

