



Commercial Rewards Enrollment Form

Earn an instant 5% discount. Not available on sale items.

Section 1: Business Information

Business Name
[Grid for Business Name]

Business Address
[Grid for Business Address]

City [Grid] State [Grid] Zip Code [Grid]

Business Contact Person
[Grid for Business Contact Person]

Business Phone [Grid] Business Fax Number [Grid]

Business E-Mail
[Grid for Business E-Mail]

Proof of Business Required Please check one and attach A copy to this application
Vendor's License Business License Business Card
Food Establishment License Tax Exempt/Resale Certificate

Section 2: Tax Information

Are you claiming Resale Status Yes No Auth code 6
Are you claiming State Sales Tax Exemption Yes No Auth code 7

If either above question was answered with a yes, please attach a completed state specific Tax Exemption or Resale Certificate

Section 3: Check the Business Class That Apply To Your Organization

Eating/Drinking Places	1	Hospitality	2	Health Care	3
Religious Organization	4	Day Care	5	Fundraising	6
General Business	7	Educational	8	Gov't/Public Organizations	9

Applicant Signature _____ Date _____
Print Name _____

Note to MaineSource Customer: This information is private and confidential and will not be given to any outside services

Store Use Only Store Manager _____ Store Number _____
Bar Code

