



PRACTITIONER REWARD SCHEME APPLICATION FORM

Revital Limited
Unit D3, Braintree Road Industrial Estate
Braintree Road, Ruislip, Middlesex, HA4 0EJ
0800 252 875
practitioner@revital.com

SECTION 1 - Personal Details

Name:
Address:
.....
Postal Code:
Telephone:
Email:

SECTION 2 - Qualifications

Please use the space below to list your practitioner qualifications (Please also provide at least one copy of qualification certificate):

.....
.....

SECTION 3 - Discount & Bonus Structure

Please tick the discount & bonus structure you would prefer, or if you have a specific structure in mind that you would like to discuss with us, please use the space provided at the end of this section and we will contact you to discuss it. (Please select one structure only)

- 1. Client Discount 5% - Practitioner Bonus 15%
- 2. Client Discount 10% - Practitioner Bonus 10%
- 3. Client Discount 15% - Practitioner Bonus 5%
- 4. Client Discount 20% - Practitioner Bonus 0%

NB: Clients do not receive any discount on food items.

SECTION 4 - BACS Payment Details

Name of Account Holder: Name of Bank:
Account Number: Sort Code:

SECTION 5

I have read and agree to the terms & conditions of the Revital Practitioner Rewards.

Signature:

*T&C's can be found online at
www.revital.com/practitioner-terms

SECTION 6 - Official Use Only

Cards allocated: #..... to #..... Practitioner Card No:.....
Date received: / ... / ...
Date dispatched: / ... / ...
Tracking Number:
Completed by: Authorised by:



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