



Office & Computer Supplies



A+ Rewards Card Application

1. ORGANISATION / INDIVIDUAL NAME

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TYPE OF BUSINESS: SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER

2. ADDRESS (BUSINESS):

Business:

.....

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3. CONTACT INFORMATION

TELEPHONE: Office: Mobile:

EMAIL: Work: Personal:

Name of authorized signatory on behalf of applicant

Authorized signature (Applicant)

Date

Designation

INTEREST: Products

Services

Both

OFFICIAL USE

1. RELATIONSHIP HISTORY

Purchases for the last three (3) years:

Other Affiliation:

Recommended by:

Department:

Approved by:

On Behalf of METRO

Date

Designation