



Please select one only:

- New Card
- Replacement Card - my old card number:
- Information Update

CUSTOMER APPRECIATION CARD APPLICATION

Please select one: Miss Ms. Mrs. Mr.

First Name

Last Name

Date of Birth Year Month Day

Language Preference

- English
- French
- Polish
- Other (Please specify)
-

Street Number

Street Name

Apt./Suite #

City

Province

Postal Code

Phone Number

E-mail address

We respect your privacy. ALICIA'S FINE FOODS does not sell or lease personally identifying information (i.e., your name, address, telephone number) to non-affiliated companies or entities. We do record information regarding the purchases made with your ALICIA'S Customer Appreciation card to help us provide you with special offers and other information. From time to time, the information provided by you, or the information gathered may be used to furnish you with information and/or offers which we feel may be of interest or value to you.

By signing this Application Form and / or first-time usage of Alicia's Reward Program, you signify your acceptance of the terms and conditions of the Reward Program that accompanies your Alicia's Customer Appreciation Card.

Customer signature _____ Date Month / Day / Year

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