



Courtesy Plus Card®

The Stores That Save YOU The Runaround!

- Earn Pro Points and redeem for rewards.
- Fast, Efficient Utility Bill Payments
With Reduced Fee
- The Caregivers Marketplace
- Home Health Care Rentals

- Video Rentals
- Special Offers
- Save 10% off all Discount Drug Mart Brand Health and Beauty items.

Cardholder One

Are you an employee of Discount Drug Mart? Are any members of your immediate family employed by Discount Drug Mart, it's subsidiary or agency? If yes, Location _____

Please complete this form to join. (Please print clearly)

First Name _____ Last Name _____
 Address _____ Apt. No. _____
 City _____ State _____ Zip Code _____
 Home Phone Number (area code) _____ - _____ - _____ Employer _____
 Work Phone Number (area code) _____ - _____ - _____ Birth Date (M-D-Y) ____ - ____ - ____ (You Must Be 18yrs.or older)
 E-Mail Address _____

Your privacy is very important to us. Information about your purchases will never be sold or traded without your expressed permission. Discount Drug Mart uses this information to benefit only you, our customer. From time to time, we will offer you goods and services including discounts and coupons based on purchase information. These benefits may be extended from manufacturers who we participate with to reward you. If at any time you are uncomfortable about the information you have provided, your written request for withdrawal of information will be honored.

Check only if you DO NOT wish to receive coupons, offers or other information by mail or email from Discount Drug Mart.

Cardholder Two

First Name _____ Last Name _____
 Employer _____ Work Phone Number (area code) _____ - _____ - _____
 Birth Date (Month-Day-Year) ____ - ____ - ____ (You Must Be 18 yrs. or older)

Store Use Only (Filled In By Discount Drug Mart Employee) Additional information Required For Courtesy Checking & Video Rental.
 A picture identification must be presented at time of application

*Drivers License I.D. # _____
 * State I.D.# _____ *Military I.D. # _____

Store No. __ New Lost/Stolen

Does customer currently have a Discount Drug Mart Courtesy Card YES NO
 If yes, what is card number above name _____

Signature of Applicant

Date _____

New Courtesy Plus Card Number

Print Clearly For Entry

Cardholder is responsible for any use of this card unless reported lost or stolen. Cardholder agrees that any returned checks will be replaced with cash immediately upon notification plus a handling charge. Cardholder agrees to be responsible for damage or loss of any product rented under their account. Rental product is considered stolen after 7 days.

Signature of Co-Applicant

Date _____

Name Of Employee Accepting This Application _____