



# Nutra Blend Customer Rewards Program Customer Enrollment Form

3200 E. 2nd Street | Neosho | MO | 64850 | 417-451-6111

COMPANY NAME:

ADDRESS:

CITY:  STATE:  ZIP:

PHONE:  EXT:  FAX:

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**CUSTOMER CONTACT INFORMATION:**

NAME:  TITLE:

EMAIL:  PHONE:

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**CRP ACCOUNT INFORMATION:**

CRP PASSWORD REQUEST:

CRP SHIP-TO ADDRESS: *(IF DIFFERENT THAN ABOVE. NOTE: CANNOT SHIP TO A POST OFFICE BOX)*

CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NB SALES REP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NUTRA BLEND SALES REPRESENTATIVE**

**PRIMARY CUSTOMER ACCOUNT NUMBER:**

Please list the primary Nutra Blend customer account number that the CRP points will be applied under. This will also be your customer's login ID for the online rewards account.

**ADDITIONAL CUSTOMER ACCOUNT NUMBERS (IF APPLICABLE):**

Please list all additional Nutra Blend customer account numbers and locations that are associated with this CRP account.

Office Use Only:

Date Submitted to Accounting: \_\_\_\_\_

Date Account was Activated: \_\_\_\_\_

Date Submitted to AllStar: \_\_\_\_\_

Date Customer was Notified of Activation: \_\_\_\_\_