



LFSrewards Registration form

Dear customer, fill out this form in order to request access to LFSrewards and start enjoying all its benefits. After finishing, send it to marketing@lfs-inc.com and your sales executive.

Company name: _____

Name: _____

Job position: _____

Address: _____

Telephone number: _____

E-mail: _____

Application date (MM/DD/YYYY): _____

Date of establishment/founding (MM/DD/YYYY): _____

Fill out the chart below with the information from the contacts (including yourself) that will have access to LFSrewards, the username and password will be sent to the contacts listed below.

Name	Job Position	E-mail	Authorized to redeem? (Yes/No)

Only the contacts marked as authorized to redeem will be able to request redemptions and add or remove contacts after the initial form was filled.

I have read and accept the terms and conditions published on www.lfs-inc.com/termsandconditions

Yes/No: _____