

FAST POINTS APPLICATION FORM

CUSTOMER CODE	
CUSTOMER NAME	
POSTAL ADDRESS	
PHONE NUMBER	
EMAIL ADDRESS	

I have read and agree to abide by the terms and conditions of the Harts Fasteners Rewards programme (please tick)

I am authorised to enrol the above customer in the Harts Fasteners Rewards programme (please tick)

SIGNATURE	

NAME (Please Print)

Please email to accounts@hartsfasteners.co.nz

An email confirming your enrolment will be sent to the email address above within 5 working days



WITH HARTS FASTENERS