

Customer Appreciation Program Enrollment Form



Company Name: _____

Contact/Owner Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Distributor: _____ Acct. #: _____

Distributor: _____ Acct. #: _____

Type of Operator (check those that apply)

- Full-Line Vending Operator
- Vending Operator
- OCS Operator
- Honor Box Operator
- Mobile Caterer Only

Number of Routes

- 1-5
- 6-12
- 13-24
- 25+

Business Activity

of Glass Fronts _____

of Honor Boxes _____

of Counter Tops _____

Types of Accounts (check those that apply)

- K-12 Schools
- Colleges & Universities
- B&I – white collar
- B&I – blue collar
- Hotels/Motels
- Airports

Operator Signature: _____ Date: _____

Title: _____

For Kellogg Broker Use Only:

Brokerage Firm: _____ Date: _____

Kellogg Broker Rep. Signature: _____

Brokers, please fax completed form to Kellogg's® Answer Line at 866-567-4397.