



RANDALLS REMARKABLE CARD APPLICATION

PLEASE COMPLETE AND SIGN THIS APPLICATION FOR YOUR RANDALLS REMARKABLE CARD. PRINT CLEARLY IN BLACK OR BLUE INK.

NEW CARD APPLICATION

- New Member *(please complete Section 1 only)*
- New Member with Randalls SMARTCHECK *(please complete Sections 1 and 2)*

INTERNAL USE
Place Card #
Sticker Here

CHANGES TO EXISTING CARD ACCOUNT

____ - ____ - ____

Existing Card Number *(required)*

- Replacement Card *(please complete Section 1)*
- Name/Address/Phone Update *(please complete Section 1)*
- Add Randalls SMARTCHECK *(please complete Sections 1 and 2)*
- Bank or Driver's License Change Information for Randalls SMARTCHECK Member *(please tape a new voided check below, and complete Sections 1 and 2)*

- Add Continental or American Airlines Account Number *(please complete Section 1)*
- Other _____

- Link cards, members of your household or a new card to an existing card number (used to maintain participation in promotions and other programs)

▶ Existing Card Number *(required)* ____ - ____ - ____ New Card Number to Link *(required)* ____ - ____ - ____

RANDALLS PAYROLL CHECK CASHING INSTRUCTIONS

Complete Section 1. *Required information
Must present Check and current Driver's License or State I.D. Card
Must be at least 18 years of age

____ - ____ - ____

Your Employer/Pension Provider*

____ - ____ - ____

Employer's Phone*

____ - ____ - ____

Social Security Number*

____ - ____ - ____

Driver's License Number or State I.D. Number*

Internal Use Only

LIMIT REQUESTED Payroll \$ _____



RANDALLS REMARKABLE CARD

*Must be at least 18 years of age
Incomplete information may result in loss of sweepstakes prize or other offers
Required Information

____ - ____ - ____ Last Name* First Name* M.I.

____ - ____ - ____ Street Address* Apt#

____ - ____ - ____ City State Zip Code* - ____

____ - ____ - ____ Birthdate (month/day/year) E-Mail Address

____ - ____ - ____ Home Phone

◀ If you forget to bring your Randalls Remarkable Card with you, we can link your card to your phone number.

____ - ____ - ____ Airline Mileage Program Account Number To earn miles include your Continental or American Airlines Account Number

RANDALLS REMARKABLE CARD CUSTOMER AGREEMENT STATEMENT

We respect your privacy. Randalls does not sell or lease personally identifying information (i.e., your name, address, telephone number, and bank and credit card account numbers) to non-affiliated companies or entities. We do record information regarding the purchases made with your Randalls Remarkable Card to help us provide you with special offers and other information. Randalls also may use this information to provide you with personally tailored coupons, offers or other information that may be provided to Randalls by other companies. If you do not wish to receive personally tailored coupons, offers or other information, please check the box below. Must be at least 18 years of age.

- Check this box only if you DO NOT wish to receive personally tailored coupons or offers from Randalls. By checking this box, you will not be eligible to receive any special offers for which you might otherwise qualify for through your use of your Randalls Remarkable Card.

Applicant's Signature *(must be signed to be valid)*

Date



RANDALLS SMARTCHECK™ INSTRUCTIONS

Must be at least 18 years of age

To obtain Randalls SMARTCHECK, you must tape your current pre-printed, VOIDED check to this application. This check will identify the checking account from and to which electronic payments and/or refunds will be made. Upon approval, you will receive a letter in the mail notifying you when your Card is ready for Randalls SMARTCHECK activation. Bring in your confirmation letter and your Driver's License or State I.D. Card to select your Personal Identification Number (PIN) and activate Randalls SMARTCHECK.

- To pay for groceries using Randalls SMARTCHECK, you MUST use your Remarkable Card at checkout.
- Phone number will not activate Randalls SMARTCHECK.
- Allow four to six weeks for application processing. One Card per customer.

IMPORTANT NOTE:

Please Tape VOIDED check to application. DO NOT submit a Deposit Slip.

A complete updated form is required for any future bank account and/or routing changes. Returned checks, along with the returned check or electronic fund transfer fees, may be electronically presented to your bank.

RANDALLS SMARTCHECK™ CUSTOMER AGREEMENT STATEMENT

By signing this application/agreement and later using (or authorizing another person to use) my Randalls Remarkable Card at Randalls retail stores, I agree to be obligated by the terms and conditions as set forth in the agreement which will be issued upon approval of this application. I authorize Randalls, its affiliates and subsidiaries to electronically debit the checking account identified here, or if appropriate, to credit that account, to pay for purchases made and/or cash received using Randalls SMARTCHECK and my Randalls Remarkable Card. I understand that the origination of such transactions from my account must comply with the provisions of U.S. law. The authorization to complete transactions hereunder will remain in full force and effect until Randalls receives written notification from me of its termination in such time and manner as to afford it and my bank a reasonable opportunity to act on it. I hereby represent and warrant that I have authority to make withdrawals from, and to otherwise bind, this checking account. In the event my bank denies and returns any electronic check to Randalls, I authorize Randalls to electronically re-present my check for both the electronic check amount AND any returned check fee or electronic fund transfer fee as allowed by state law.

Applicant's Signature *(must be signed to be valid)*

Date



Randalls Remarkable Card and your personal checking account in one convenient Card!

____ - ____ - ____ Driver's License Number or State I.D. Number State Issued

____ - ____ - ____ Home Phone Social Security Number