

**Check this box to enroll in *Spoints*

Experience Card Application



PLEASE PRINT CLEARLY

Mr. Card Holder - First Name (Required Field) M.I. Last Name (Required Field) Today's Date
Mrs.
Ms.
Dr.

Check One

E-MAIL* REQUIRED FOR *Spoints* ENROLLMENT & TO RECEIVE SPECIAL OFFERS & REWARDS.

com net
 org other

New Application

If you are shopping for someone else, please list their name below:

Additional Card

Home (Local) Mailing Address (Required Field) Apartment or Suite #

Change

City State Zip Code (Required Field) ZIP + 4 Rice Charge Card #

Replacement Card

Area Code Home Phone Number Texas Driver's License Number Birthday (Month & Day Only)
| | | | - | | | | - | X | X | X | X |

- Check this box if you DO NOT wish to receive Discounts or Special Offers from Rice Epicurean Markets.
- Check this box if you are a Rice Epicurean Employee.

**By checking this box, you agree to the Terms and Conditions of the *Spoints* Program.

Complete This Section Only For Additional Cards Changes or Replacement Cards

| 4 | | | | | | | | | |

Primary Experience Card Number

Cashier - Please Affix Experience Card Number Decal Here

20 Store No.