

# Experience Card Application/Enrollment

PLEASE PRINT CLEARLY

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

E-MAIL: TO SIGN UP FOR OUR NEWSLETTER (YOU MAY OPT OUT AT ANY TIME)

com  net  
 org  other \_\_\_\_\_

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

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

City State Zip Code (Required Field) Rice Charge Card # Birthday (Month & Day Only)

To link your Experience card to your home phone number, check this box.

Home Phone Number

OR

To link your Experience card to a different phone number, check this box.

Phone Number  Cell  Work

Texas Driver's Licence

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

Complete This Section Only For Additional Cards, Changes, Replacement Cards or Linking Home Phone Number

4 | 1 | 1 | 1 | 1 | | | | | |

Primary Experience Card Number

Cashier - Please Affix Experience Card Number Decal Here

Check   
One

New Application

Additional Card

Change

Replacement Card

205  
Store No.