

PLACE BonusPlus™# STICKER HERE

After you have completed this form, return it to any TOPS Customer Service Center. **Please PRINT all information.**

Do you already have a BonusPlus™,	, BonusCard or Wild Card? 🗌 Yes 🗌 No
If yes, please provide card number: 4	— (Some cards may only have 11 digits. If so, skip the last space.)
Miss Mrs. Ms. Mr.	
Last Name:	First Name: M. I.:
Email Address:	
Street Address:	Apt #:
City:	State: ZIP Code:
Phone:	Customer Signature:
Check here if you DO NOT want to	Would you like to join our Young at Heart Senior Discount
receive special offers from TOPS By Mail By Email	Club for customers 60 years of age and older? Yes No (If Yes, please show valid Photo ID to Store Associate)
Privacy Pledge: Our customers' privacy is of the utmost importance to us. TOPS Markets, LLC will not sell, rent or relinquish customer names, home or email addresses, phone numbers or any other customer identifiable information to anyone. Personal transaction data will be used only for promotional programs provided to you which are sponsored or co-sponsored by TOPS or its affiliates. We will not use this information for any other purpose.	
STORE USE ONLY	REQUIRED FOR YOUNG AT HEART MEMBERS
☐ New Card Issued ☐ Updated Exis	isting Card Customer's Date of Birth: MM/YYYY
Approved by:	Date: Store:

Form #98995