

Grace's Marketplace Long Island

Loyalty Card Application

81 Glen Cove Rd Greenvale, NY 11548
516.621.5100 www.GracesMarketplace.com



Date of Application: ____/____/____

Name: (Please Print)

Birthday Month: (Circle one for Special Rewards)

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Mailing Address:

Telephone Number: (One Required)

Home: ()

Mobile: ()

Email Address: (Required)

How would you like your receipt? : (Circle One)

Print

Email

Print & Email

Do you wish to receive special offers and event invitations? (Circle One)

YES

NO

At Grace's Marketplace, we strive to provide a pleasant shopping experience.

If there is an area we can improve on, please indicate it so we can better serve you. Comment Below:

How did you hear of Grace's Marketplace? (Circle One)

Family/Friends

Advertisement

Website/Internet

Other: _____

I understand that my purchases may be recorded and used for marketing purposes.

I am aware that I may receive special offers strictly from Grace's Marketplace. Personal information will not be sold.

I agree to the terms and services of Grace's Marketplace Rewards Program.

Signature: _____