



ENROLLMENT FORM

FREE REWARD PROGRAM

YOUR COMPANY NAME

For security purposes, please provide the following information.

Mother's maiden name

Choose a SIX DIGIT PIN number

THIS MUST BE FILLED OUT IN ORDER TO BE ENROLLED!

First Name	M.I.	Last Name	
Street	City	ST	Zip Code
Phone Number (<u>this is your account # please use the same phone number you use with Century Tile</u>)			Fax Number
Contractor Signature	Title	Date	
Authorized Principal Signature	Title	Date	
<p>The General Terms and Conditions of the Miles rewards program are set forth in the Miles brochure and on the back of this enrollment form. By executing the enrollment form in the space above, enrollee acknowledges that he or she had read such General Terms and Conditions and agrees to be bound by their terms.</p>			

To activate your membership and to receive your award catalogs, please return this form to your sales representative at Century Tile, or fax to the office @ 630-873-8308.

