

# Malcom Lumber & Hardware



## Program Enrollment Form

Complete this form. Incomplete forms cannot be processed for enrollment. Eligibility begins in month following completed enrollment form is received. Upon meeting the \$10,000 minimum purchasing level, per year, BuildersPLUS® points are awarded for the purchases made year-to-date, back to the first dollar of purchases.

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Company Contact**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Owner Name**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Federal Tax ID #**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Preferred Method of Communications**

Email

Fax

Enrollment in BuildersPLUS® grants permission for Malcom Lumber & Hardware to communicate point balances or notices, program updates and correspondence by fax or email to the company contact listed above. In addition, by signing below, the signatory attests he/she has the authority as an officer of the enrollment company to participate on behalf of the company. Signature below also attests that the Malcom Lumber & Hardware BuildersPLUS® program terms and conditions have been provided in written form and accepted by the participating company.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

**To be completed by Malcom Lumber & Hardware Sales Manager:**

Sales Manager Name	Location
Company Account Number(s): Include parent account and all related accounts. List parent account number first. All point accruals will be credited to the parent account.	
Date Transmitted to BuildersPLUS® Administrator	FAX TO 1-864-281-3735