

# **BONUS** *Plus*<sup>®</sup> APPLICATION



PLACE  
BonusPlus<sup>®</sup>#  
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 TOPS BonusPlus<sup>®</sup>, BonusCard or Wild Card?  Yes  No

If yes, please provide card number              —  (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:

Phone:           Customer Signature: \_\_\_\_\_

Check here if you **DO NOT** want to receive special offers from TOPS  
 By Mail  By Email

Would you like to join our Young at Heart Senior Discount Club for customers 60 years of age and older?  
 Yes  No *(If yes, please show valid photo ID to store associate.)*

**Privacy Policy:** Our customers' privacy is important to us. Please see the TOPS Markets Privacy Policy which describes the information we collect from you and how we use and safeguard that information. A copy of the Privacy Policy is available on our website at [www.TopsMarkets.com](http://www.TopsMarkets.com), or in any of our stores.

<b>STORE USE ONLY</b>		<b>REQUIRED FOR YOUNG AT HEART MEMBERS</b>	
<input type="checkbox"/> New Card Issued	<input type="checkbox"/> Updated Existing Card	Customer's Date of Birth <b>MM / YYYY</b>	
Approved by: _____		Date: _____	Store: _____