



## **Applicant**Barcode Sticker

**IMPORTANT:** Application MUST be printed clearly and MUST have a complete, valid address.

First Name		
Last Name ————————————————————————————————————		
Mailing Address		
	_ Apt.#	Month of Birth
City	_ State	Zip Code
Email		
Phone ( )		
Company (only if applicable)		
STORE USE ONLY		

## Cashier:

- Affix the barcode sticker from a new keytag to the top of this form.
- 2. Scan keytag and hand to customer.
- 3. Ring up purchase.

Today's Date:

Employee Initials: