

ROBERT'S FOOD CENTER
Courtesy Card Application

Please fill out the card application below and fax it to 203.421.5722

NAME: _____

STREET: _____ HOW LONG: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ LISTED UNDER: _____

CT. DRIVER'S LIC.#: _____

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____ PHONE: _____

BANK: _____ ACCT# _____

I understand that I am to present this courtesy card each time I want to cash a check. I am responsible for all checks cashed with my card until I notify this store it was lost or stolen.

DATE: _____ SIGNATURE: _____