



## 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 \$20,000 minimum purchasing level, per year, Builders Plus™ points are awarded for the purchases made year-to-date, back to the first dollar of purchases.

<b>Company Name:</b>	<b>Company Contact:</b>
<b>Street Address:</b>	<b>Phone:</b>
<b>City, State, Zip:</b>	<b>Owner Name:</b>
<b>Email:</b>	<b>Federal Tax ID #:</b>
<b>Fax:</b>	<b>Preferred Method of Communication:</b> <div style="display: flex; justify-content: space-around;"> <span>Email</span> <span>Fax</span> </div>

Enrollment in Builders PLUS grants permission for Swift Supply 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 enrolled company to participate on behalf of the company. Signature below also attests that the Swift Supply BuildersPLUS™ program terms and conditions have been provided in written form and accepted by the participating company.

<b>Printed Name:</b>	<b>Signature:</b>
<b>Title:</b>	<b>Date:</b>

**To be completed by Swift Supply Sales Manager :**

Sales Manager Name:	Location:
Company Account Number(s): Include parent account and all related accounts. List parent account number first. All points accruals will be credited to the parent account.	
Date Transmitted to Builders Plus Administrator:	FAX TO 1-864-281-3251