

GERRITY'S ACE EMPLOYEE DISCOUNT PROGRAM

Employee Name: _____ Date of Hire: _____

Street Address: _____

City, State, ZIP: _____

Store Working at: _____

Email: _____

Ace Rewards Card #: _____ Primary Phone #: _____

RULES:

1. *Employees will be eligible for the discount program after 90 days of employment.*
2. *Employees must be employed at date of purchase in order to receive discount*
3. *Employment status must be ACTIVE to receive discount.*
4. *To participate, an employee must have an ACE reward card and complete the discount program form.*
5. *The discount is "The cost of the item plus 12%".*
6. *The program is non-transferable: Friends, extended family and those not living in an employee's household are not eligible to receive the discount. Abuse of this policy will be considered discount theft and will result in disciplinary action up to and including termination.*
7. *Certain exclusions may apply.*



I request participation in the Gerrity's Ace Employee Discount Program. I understand the program rules and will comply.

Employee Signature: _____ Date: _____