

DISCOUNT DRUG MART COURTESY PLUS CARD® Gives You:

- Cavs/Monster Points**
Redeemable for Cavs and Monsters merchandise and experiences.
- The Caregivers Marketplace**
A program designed to help family caregivers save hundreds of dollars each year on products used daily in home care of a loved one. Track your purchases and receive instant Cash Back when purchasing 5 eligible items. See Pharmacy for complete details of this program.
- Utility Bill Paying**
Quick & Easy Service
- Video Rental**
Quick & Easy Service with Courtesy Plus Card®
FREE! video rental on your birthday.
- Courtesy Checking**
Just present your permanent Courtesy Plus Card® for electronic check approval on purchases.
- Get Well Wish**
FREE video rental (stock titles only) with every new or refilled children's prescription 12yrs. or younger.
- Special Offers**
As a Courtesy Plus Card® holder, you are eligible to receive valuable offers and special information.
- More To Come**
We frequently offer additional services and benefits to make your Courtesy Plus Card® even more valuable. Check our ads and in our stores for details.



www.discount-drugmart.com

Serving Ohio Since 1969

Open Everyday Including
Sundays & All Holidays



1. Complete the application on reverse side. Be sure to fill out all required information.
2. For courtesy checking and video rental you must be 18 years of age or older for these privileges.
3. Please provide the necessary information to our Discount Drug Mart employee, then sign and date your application.

DISCOUNT DRUG MART COURTESY PLUS® Application



Serving Ohio Since 1969

Apply TODAY For:

- Cavs/Monsters Rewards Program**
- The Caregivers Marketplace**
- Utility Payments**
- Courtesy Checking**
- Video Rental**
- Special Offers**
- Get Well Wish**



Courtesy Plus Card®

The Stores That Save YOU The Runaround!

Earn Cavs/Monsters points and redeem for rewards.

Discounts Available For Certain Events With Courtesy Plus Card® The Caregivers Marketplace

Quick & Easy Utility Bill Payments

Quick and Easy Courtesy Checking Privileges

Chances To Win Prizes When Card Is Used

Video Rentals

Special Offers

Cardholder One

Are you an employee of Discount Drug Mart?

Are any members of your immediate family employed by Discount Drug Mart, its subsidiary or agency? If yes, Location _____

Please complete this form to join. (Please print clearly)

First Name _____ Last Name _____

Address _____ Apt.No. _____

City _____ State _____ Zip Code _____

Home Phone Number (area code) _____ - _____ - _____ Employer _____

Work Phone Number (area code) _____ - _____ - _____ Birth Date (M-D-Y) _____ - _____ - _____ (You Must Be 18yrs. or older)

E-Mail Address _____

Your privacy is very important to us. Information about your purchases will never be sold or traded without your expressed permission. Discount Drug Mart uses this information to benefit only you, our customer. From time to time, we will offer you goods and services including discounts and coupons based on purchase information. These benefits may be extended from manufacturers who we participate with to reward you. If at any time you are uncomfortable about the information you have provided, your written request for withdrawal of information will be honored.

Check only if you DO NOT wish to receive coupons, offers or other information by mail or email from Discount Drug Mart

Cardholder Two

First Name _____ Last Name _____

Employer _____ Work Phone Number (area code) _____ - _____ - _____

Birth Date (Month-Day-Year) _____ - _____ - _____ (You Must Be 18yrs. or older)

Store Use Only (Filled In By Discount Drug Mart Employee) Additional Information Required For Courtesy Checking & Video Rental.
A picture identification must be presented at time of application

*Drivers License I.D. # _____

*State I.D.# _____ *Military I.D. # _____

Store No. __ __ New Lost/Stolen

Reissue Replacement Separation / Divorce

Miscellaneous Change Address Other

Does customer currently have a Discount Drug Mart Courtesy Card YES NO

If yes, what is card number above name _____

Signature of Applicant

Date _____

New Courtesy Plus Card Number

Print Clearly For Entry

Cardholder is responsible for any use of this card unless reported lost or stolen. Cardholder agrees that any returned checks will be replaced with cash immediately upon notification plus a handling charge. Cardholder agrees to be responsible for damage or loss of any product rented under their account. Rental product is considered stolen after 7 days.

Signature of Co-Applicant

Date _____

Name Of Employee Accepting This Application _____