



# CONVENIENCE MARKETERS ASSOCIATION - ENROLLMENT FORM



<b>Corporate Business Name:</b>	<b>Applicant Name:</b>	<b>Applicant Title:</b>
<b>Main Contact Name:</b>	<b>Phone</b>	<b>Main Contact Email:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State / Zip:</b>

Store Name	Address	Grocery Distributor Name	Grocery Distributor Acct #	Federal Tax ID

Please submit a W9 for each of your stores. If you have a master tax ID, please provide the W9 for the corporate location only.

\*Have more stores or distributors? Please complete the form on page two.

**Do you belong to another Buying Group?**       YES       NO  
 If yes, list Group(s) \_\_\_\_\_

**Are you Affiliated with a Franchise?**       YES       NO  
 If yes, list Franchise \_\_\_\_\_

**Do you want to receive ACH for rebate payments?**       YES       NO  
 If yes, an ACH Form will be provided for your completion.

**Retailer Member Cost: No Joining, Monthly, Annual, Or Out-of-Pocket Fees**

**Quarterly Administrative Fee (Taken Against Quarterly Rebate)**

Rebate \$500 < Quarter	25%
Rebates \$501 ≥ \$1,000 per Quarter	20%
Rebates \$1,001 ≤ \$2,000 per Quarter	15%
Rebates \$2,001+ > per Quarter	10%

I agree and certify that I am the legal owner or authorized signer for this business and that all the information provided is true and accurate. I am legally capable of entering into this agreement and I agree to all terms and conditions as a Retailer Member of the Convenience Marketers Association. I certify all orders, reports and data including but not limited to records of sales or purchases, which I or my representatives will provide to CMA, to be true and accurate to the best of my knowledge. I authorize CMA to utilize said data for the sole purposes of negotiating and redeeming on my behalf, any and all CMA programs and promotions for each location I enroll. While enrolled with CMA, I authorize CMA to administer the tracking and payment for all CMA manufacturer programs in excess of my supplier and distributor programs. I acknowledge that any/all user permissions for programs, technology, process, or information at [www.getcma.com](http://www.getcma.com) are proprietary and provided to me and my authorized representatives on a confidential basis, solely for internal use. As such, I certify that I and my representatives will not replicate, disseminate, share, or transmit in any form, without prior written consent by Convenience Marketers Association.

Check here to indicate that you have read and agree to the CMA Terms and Conditions

<b>Signature of Applicant:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Company Name:</b>

Please return completed form to [info@getcma.com](mailto:info@getcma.com) or fax to 224-222-1025.

Any questions please contact the CMA office at PH: 724-838-8977 ext. 2