

VGM Club Cash Back Advantage

Fax to: VGM Club 800-711-7785



Company Name _____ Federal ID#** _____

Food and Beverage Manager _____ E-mail _____

Name of Chef _____ E-mail _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ VGM Club Member # _____

Food Service Distributors:	Weekly distributor purchases \$ _____	No. of deliveries per week	1	2	3	4
Primary Distributor _____	Branch _____	Customer #* _____				
		Customer #* _____				
		Customer #* _____				
		Customer #* _____				
		Customer #* _____				
List all distributors you are purchasing from, not just those affiliated with VGM Club.						
Other Distributors _____	Branch _____	Customer #* _____				
		Customer #* _____				
		Customer #* _____				
		Customer #* _____				
Other Distributors _____	Branch _____	Customer #* _____				
		Customer #* _____				
		Customer #* _____				
		Customer #* _____				

*You will normally find the account number on the upper left or right side of your invoices

I authorize VGM Club to collect rebates on my behalf to be distributed monthly. By submitting this form, Member hereby authorizes VGM Club to offset any sums due to Member from VGM Club against any sums due to VGM Club. VGM Club retains a portion of rebates earned for program administrative costs. A completed W-9 form must be received prior to the issuance of any rebate checks.

Signature** _____ Date _____

Printed Name _____ Title _____

**Federal ID# and Signature are mandatory for rebate checks to be issued.

