

**QIF 2024 SALES INCENTIVE PROGRAM**

**PARTICIPANT ENROLMENT FORM**

|  |  |
| --- | --- |
| **Customer trading name:** |  |
| **Company name:** |  |
| **Name of person for contact in relation to the Program** (this is not necessarily the person who will be nominated for any reward): |  |
| **Email address for contact person:** |  |
| **Phone number for contact person:** |  |

An application for enrolment in the Program must be accepted by QIF and is governed by the Terms of the Program. When received, QIF will acknowledge the enrolment and advise you of the purchasing target applicable to you by reference to your calendar year 2023 purchases.

In making this application, I confirm that I am authorised to apply for participation in the Program and that the Participant understands and agrees that participation in the QIF Customer Loyalty Program is subject to the Terms of the Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signed for the Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of signing

Once signed, please email the completed form to:

**customerloyalty@qif.com.au**