



make it count™

AIR MILES® reward miles AUTHORIZATION FORM

Date: _____

I authorize _____ to collect all AIR MILES® reward miles earned from purchases at
[AIR MILES Cardholder name]

ADI on behalf of _____
[Company name]

The AIR MILES® Collector Account Number that should be credited is 8 _____
[11 digits]

I understand that it is the responsibility of _____ to notify ADI of any changes to the
[Company name]

AIR MILES® Collector information.

Authorized Signature _____

Title _____

Company Telephone Number _____

Email Address _____

ONCE COMPLETED, PLEASE FAX TO: 1.866.995.1196

ADI reserves the right to cancel any AIR MILES® reward miles granted to a customer in relation to any past due amounts owed to ADI. Further, in the case that ADI deems, in its reasonable discretion, any customer to be insolvent or such customer has filed for bankruptcy or receivership, and such customer has an outstanding balance, ADI shall have the right to revoke any AIR MILES® reward miles relating to such outstanding balance. All rights reserved. ®™ Trademarks of AIR MILES International Trading B.V. Used under license by Loyalty Management Group Canada Inc. and BW Technologies.

CREDIT DEPARTMENT

Date: _____ Approved By: _____

Comment: _____
