



Scrip Account Information

Account Information

Guardians Names: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____

Email _____

Child's name: _____

School representing: [Commodore Sloat School](#) _____

Scrip Account Policy

Once opening a Scrip account at any Gus's Community Market I agree to keep the account in good standing by:

- 1) Having only the account holders using the scrip account.
- 2) Using an account only when a child is attending the assigned school.

Gus's Community Markets will send 6% of the total payment added to your scrip account back to the school provided on a quarterly basis. Gus's will NEVER sell or share any of the information provided. By signing below the account holder understands and accepts the information above.

Signature

Print Name

Please feel free to contact us with any questions and/or concerns at scrip@gussmarket.com.

Thank you!!