



## 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: \_\_\_\_\_

### 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](mailto:scrip@gussmarket.com).

Thank you!!