



Account Application

Organization Name	
Street Address	
City, State and Zip	
Phone Number	
What type of organization?	
Coordinator's Name	
Address	
City, State and Zip	
Phone Number	
Driver's License #	
Email Address	
Address where the cards are to be sent	

Please submit a copy of your 501-C3 certificate or a copy of your Tax ID # along with this application. Please allow 5-7 business days processing time for new accounts. Payment is due upon receipt of gift cards. New accounts are required to submit payment for the first order prior to receiving the cards.

I agree to the terms listed above.

Coordinator's Signature

Date

Please return application to:
 Lowes Food Stores, Inc.
 Attn: Gift Cards
 P.O. Box 24908, Winston Salem, NC 27114
 or Fax: 336.775.3396 Toll Free Fax 800.659.1425