

Wellness
JACKPOT
PROGRAM
PRIZE
ORDER FORM

Company Name: Capstone
Contract Number: 4861
Customer Number: 01004904

YOUR NAME: _____
(PLEASE PRINT)

SHIPPING ADDRESS: _____
(NO P.O. BOX) STREET

CITY, STATE, ZIP: _____

DELIVERY LOCATION:

HOME PHONE: (____) _____
(AREA CODE)

☐ HOME ☐ BUSINESS

1 st Choice ITEM NO.	DESCRIPTION	SIZE/COLOR
Alternate Choice ITEM NO.	DESCRIPTION	SIZE/COLOR

ORDERING INSTRUCTIONS

1. Complete the above order form (please print).
2. Select any one item from Levels 1-7 in the Rewards Catalog: www.safetyjackpot.com/catalog
3. Email this form to: dwelch@peaveycos.com