

A.C Inc Advantage Application

Card No. _____
(Office Use Only)

Full Name _____

Relationship to A.C. Inc (please check one)...

- Fisherman
- Harvester
- Employee
- Other _____

Email _____

Mobile Phone (cell) _____ Home Phone _____

Secondary Name (Spouse, Significant Other) _____

Secondary's Email _____

Secondary's Mobile Phone _____

How would you prefer to be contacted?

- Call
- Email
- Please DO NOT contact me
- Other _____

Mailing Address _____

Please Like Us on Facebook and Follow on Instagram for Updates!

Please Mail Completed Form to: A.C. Inc P.O. Box 187 Beals, ME 04611

