



Vendor Acknowledgement Form
Blackhawk Network N.A. Logistics Manual

Company Name: _____

Circle the applicable card projects:

Telecom Ticket Retail Gift Local Stars Prepaid/Open Loop Sports

Current Information:

Mailing Address

Shipping Address

Phone # _____

Fax # _____

Email Address: _____

Contact Names

Account Manager: _____

Tel # _____

Customer Service: _____

Tel # _____

Please email or fax this form to: **Blackhawk Network Inc.**
Blackhawk Operations Team
BHN.ASN@bhnetwork.com
Fax: (925)-226-9350

We hereby accept and agree to abide to the terms and conditions described
within the most current Blackhawk Network N.A Logistics Manual.

Authorized Signature: _____ (Print Name) _____

Date: _____ (Title) _____