

# Merchant Application Form

Please use this form to enroll your business in our "Return the F.A.V.O.R." Discount Program. Be sure to include the official name of your business, its address, hours, and discount specifications. This form must be signed by the business owner and returned to the County Clerk's Office. You will be provided with a proof of your entry before the pamphlet is printed. Please be aware that merchants reserve the right to withdraw from the program at any time.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Hours: \_\_\_\_\_

% Discount Specifications: (check one)

\_\_\_\_ 10%    \_\_\_\_ 15%    \_\_\_\_ 20%    \_\_\_\_ 25%    \_\_\_\_ other \_\_\_\_\_

Limitations or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Owner Name

(print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to:

BY MAIL:  
Ulster County Clerk's Office  
Return the F.A.V.O.R. Program  
P.O. Box 1800  
Kingston, NY 12402

BY FAX:  
(845) 340-3299

QUESTIONS? Call the Ulster County Clerk's Office at (845) 340-3040