



RETURN THE F.A.V.O.R.
Find & Assist Vets Of Record
DISCOUNT PROGRAM



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, mailing and street address, hours and discount specifications. This form must be signed by the business owner and returned to the Putnam 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 #: _____
 E-Mail Address: _____ Website address: _____
 Hours: _____

**OR YOUR
 BUSINESS CARD**

% Discount Specifications: (check one)
 _____10% _____15% _____20% _____25% _____other
 Limitations or conditions:

Business Owner Name (print) _____
 Signature: _____ Date: _____

Return this form to:

BY MAIL:
 Putnam County Clerk’s Office
 40 Gleneida Avenue
 Carmel, New York 10512

BY FAX:
 (845) 228-0231

QUESTION? Call the Putnam County Clerk’s Office at (845) 808-1142 Ext. 49301

Please attach business card to this application. Rules & Conditions on Back