

COMPANY INFORMATION: (main location if multiple locations):
 (Please write clearly and legibly as this information will be used on discount card)

Will more than one location participate? Yes No
 (if yes, please provide other locations information on the reverse of this page)

COMPANY NAME:		
COMPANY ADDRESS:		
CITY:	ST:	ZIP:
COMPANY EMAIL:	PHONE:	FAX:
PRIMARY CONTACT:		
CONTACT EMAIL:	PHONE:	FAX:

DISCOUNT BEING OFFERED:

Please note: The following disclaimer will appear on all discount cards printed under this agreement. *“Valid for cardholder only * Present card when ordering * Not valid with other sales or discounts * Equal or lesser value always applies * Offers may vary * Good only at participating locations * One card per visit/table”*

<input type="checkbox"/> PERCENT OFF	DISCOUNT PERCENTAGE: <input type="radio"/> 10% <input type="radio"/> 15% <input type="radio"/> 20% <input type="radio"/> 25% <input type="radio"/> OTHER: _____
	DISCOUNT APPLIES TO: <input type="radio"/> ANY PURCHASE <input type="radio"/> MENU ITEMS ONLY <input type="radio"/> REGULAR PRICED ITEMS <input type="radio"/> OTHER: _____
<input type="checkbox"/> AMOUNT OFF	\$ _____ OFF PURCHASE OF \$ _____ OR HIGHER
<input type="checkbox"/> BUY 1 GET 1	BUY ONE _____ GET ONE FOR _____
<input type="checkbox"/> FREE ITEM	PLEASE DESCRIBE IN DETAIL: (i.e. “Free gift certificate with test drive”):
<input type="checkbox"/> OTHER DISCOUNT	DESCRIBE YOUR OFFER EXACTLY AS IT IS TO APPEAR ON THE CARD:

AUTHORIZATION:

There is NO CHARGE for participating in LocalDiscountCards.com programs.

LocalDiscountCards.com offers customized discount cards to local organizations for fundraising. We work with a variety of groups in the community, such as schools, sports leagues, dance groups, and travel teams. These organizations review our list of participating merchants and choose which businesses to feature on their cards. Discounts are typically valid for one year from the date an organization begins its discount card fundraising campaign.

You may modify your discount or suspend your participation in our program with 30 days notice to LocalDiscountCards. In order to maintain the quality of the program, you are expected to honor the existing cards/discounts in circulation through their expiration dates.

By signing below, you agree to participate and that you have the authorization to approve this agreement.

Authorized by: _____
Print Authorized Signature Date ____/____/____

Accepted by _____
(from LocalDiscountCards.com): Print Authorized Signature Date ____/____/____

ADDITIONAL LOCATIONS:

Please list additional locations participating under this agreement. The discount must be the same for all locations. If a location is offering a different discount than a separate agreement must be completed.
(Please write clearly and legibly as this information will be used on discount card)

LOCATION 1:

Name: _____

Address: _____

City, St, Zip _____

Phone: _____ Fax: _____ email: _____

Contact Name: _____

LOCATION 2:

Name: _____

Address: _____

City, St, Zip _____

Phone: _____ Fax: _____ email: _____

Contact Name: _____

LOCATION 3:

Name: _____

Address: _____

City, St, Zip _____

Phone: _____ Fax: _____ email: _____

Contact Name: _____

LOCATION 4:

Name: _____

Address: _____

City, St, Zip _____

Phone: _____ Fax: _____ email: _____

Contact Name: _____

LOCATION 5:

Name: _____

Address: _____

City, St, Zip _____

Phone: _____ Fax: _____ email: _____

Contact Name: _____