

RETURN THE FAVOR !

SCHOHARIE COUNTY VETERANS DISCOUNT PROGRAM

SCVDP

Merchant Application Form

Please use this form to enroll your business in our SCVDP. Be sure to include the official name of your business, the business address, hours, and discount specifications. This form must be signed by the business owner and returned to the Schoharie County Clerk's Office. Merchants reserve the right to withdraw from the program at any time.

Business Name: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Hours: _____

Website: _____

E-mail Address: _____

% Discount Specifications: (check one)

10% ____ 15% ____ 20% ____ 25% ____ Other _____

Limitations or conditions:

Business Owner Name (print): _____

Signature: _____

Date: _____

Return this form to:
BY MAIL OR FAX

Schoharie County Clerk's Office (518) 295-8316
P.O. Box 549
Schoharie, NY 12157
FAX #: (518) 295-8338
www.schohariecounty-ny.gov