

RETURN THE F.A.V.O.R
Find & **A**ssist **V**eterans **O**f **R**ecord
DISCOUNT PROGRAM

Merchant Application Form

Please use this form to enroll your business in the **RETURN THE FAVOR** Discount Program. Be sure to include the official name of your business, its address, hours of operation, and discount specifications. This form must be signed by the business owner/merchant and forwarded to the Dutchess County Clerk. You will be provided with a proof of your entry and discount specification prior to any dissemination of information pertaining to the **RETURN THE FAVOR** program. You have the right to withdraw your participation at any time by submitting your notice in writing to the Dutchess County Clerk.

Business name: _____

Address: _____

Telephone #: _____

Hours of operation: _____

Email/Web address: _____
Discount specification:

____5 % _____10% _____20% _____25%

_____ (other)

Limitations or conditions: _____
_____
_____

Business will recognize **FAVOR** cards from other counties? ____ YES ___ NO

Business owner (please print) _____

Signature _____

Return this form to
Dutchess County Clerk Bradford H. Kendall
22 Market St.
Poughkeepsie, NY 12601
via email bkendall@co.dutchess.ny.us