

MERCHANT PARTICIPATION FORM

Please use this form to participate in the Queens VETS Program. Be sure to include the official name of your business, address, hours, and discount specifications. This form must be signed by the business owner and returned to the Chamber of Commerce. Once you sign on, you will be provided with a decal that you can display in your window. If at any time you decide to withdraw or alter your offer, you must contact the Queens Chamber of Commerce.

Business Name: _____

Address: _____

Telephone #: _____

Chamber Member: YES NO

Discount Specifications: (check one)

____ 10% ____ 15% ____ 20% ____ 25% ____ other _____

Limitations or conditions:

Hours of operation: _____

Business Owner Name (print): _____

Signature: _____

Date: _____

Return this
form to:

BY MAIL: Queens Chamber of Commerce 75-20 Astoria Blvd. Jackson Heights, NY 11370	BY E-MAIL: info@queenschamber.org	BY FAX: 718-898-8599
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QUESTIONS? Call the Queens Chamber of Commerce at (718) 898-8500.