

Return the F.A.V.O.R. Find and Assist Veterans of Record

*Sullivan Gives Back
To Honorably Discharged Veterans*

Merchant Application Form

Please be sure to complete all requested information. This form must be signed by the business owner and returned to the Sullivan County Clerk's Office. You will be provided with proof of your entry before your participation is published. Merchants reserve the right to withdraw from the program at any time.

Business Name: _____

Address: _____

Telephone # _____

% Discount Specifications (check one)

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

Limitations or Conditions:

Business Owner Name (please print): _____

Signature: _____ Date: _____

Return this form to:

By Mail:

Sullivan County Clerk's Office
Attn: FAVOR Program
100 North Street
Monticello, NY 12701

Or Fax:

(845) 807-0434

Questions? Call: (845) 807-0411