

*For CitySavingsCard.com Official Records Use Only.				
Account #:		Recorded Date/Time:		
Filed By:				

**Company Information:** (main location if multiple locations):

(Please write clearly and legibly as this information will be used on savings Cards

Will more than one location participate? \_\_\_\_ Yes \_\_\_\_ No (If yes, please provide other locations information on page 2.)

(Please write clearly and legibly as this ii	nformation will be used on savings (	Cards.) (II yes, please provi	de other locations information on page 2.)	
COMPANY NAME:		DBA:		
COMPANY ADDRESS:				
CITY:		STATE:	ZIP:	
COMPANY EMAIL:		PHONE:	FAX:	
PRIMARY CONTACT:				
CONTACT EMAIL:		PHONE:	FAX:	
<del>_</del>	appear on all discount cards printe	ed under this agreement. "Valid for cardholde s * Offers may vary * Good only at participati	· · · · · · · · · · · · · · · · · · ·	
	DISCOUNT PERCENTAG	E: 10% 15% 20% 25%	OTHER:	
PERCENT OFF	DISCOUNT APPLIES TO: ANY PURCHASE MENU ITEMS ONLY REGULAR PRICED ITEMS OTHER:			
AMOUNT OFF	\$OFF PURCHASE OF \$OR HIGHER			
BUY 1 GET 1	BY ONE GET ONE FOR			
FREE ITEM	PLEASE DESCRIBE IN DETAIL: (i.e. "Free gift certificate with test drive"):			
OTHER DISCOUNT	DESCRIBE YOUR OFFER <b>EXACTLY</b> AS IT IS TO APPEAR ON THE CARD:			
branches of our Military as "thank you gif We work with a variety of local businesse appreciation and one that our local profes	ts" for the valued service.  s in the community, to provide a wick ssionals can be proud to use.  will have exclusive rights to your can provide-if one is not provided your	· ·	a community card that represents our	
		Authorized Signature	Date	
Accepted by: (from CitySavingsCard.com)  Print		Authorized Signature	Date	