

Department of Veterans Affairs of Monroe County

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Monroe County Veterans Discount Program

MCVDP

Merchant Application Form

Please use this form to enroll your business in our MCVDP. Be sure to include the official name of your business, its address, hours, and discount specifications. This form must be signed by the business owner and returned to the Veteran's Affairs office. Please be aware that merchants reserve the right to withdraw from the program at any time.

Business Name: _____

Address: _____

Mailing Address: _____

Phone Number: _____

Hours: _____

Please Circle One: 10% 20% 25% Other _____

Limitations or Conditions: _____

Business Owner Name (print): _____

Signature of Business Owner

Date Signed

Return this form to the address above.