

# 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.