



Merchant Application Form

Please use this form to enroll your business in our "SAVOR" Discount Program. Be sure to include the official name of your business, it's address, hours, and discount specifications. This form must be signed by the business owner and returned to the Steuben County Clerk's Office. You will be provided with a poster displaying the "SAVOR" logo for your business upon completion of your enrollment.

Please be aware that you may withdraw from the program at any time by contacting the Steuben County Clerk's Office.

Business Name: _____

Address: _____

Website: _____

Telephone #: _____

Hours: _____

% Discount Specifications: (check one)

___ 10% ___ 15% ___ 20% ___ 25% ___ other _____

Limitations or conditions:

Business Owner Name (print) _____

Signature _____

Date _____

Return this completed form to : Judith M. Hunter, Steuben County Clerk
3 East Pulteney Square
Bath, New York 14810