

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

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## *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:

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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 or 845-807-0416