

Merchant Application Form

Please use this form to participate in the Staten Island VETS Program. Be sure to include the official name of your business, address, hours, and discount specifications. This form must be signed by the business owner and returned to the Chamber of Commerce. Once you sign on, you will be provided with a decal that you can display in your window. If at any time you decide to withdraw or alter your offer, you must contact the Staten Island Chamber of Commerce.

Business Name: _____

Address: _____

Telephone #: _____

Chamber Member: YES NO

Hours of operation: _____

Discount Specifications: (check one)

____ 10% ____ 15% ____ 20% ____ 25% ____ other _____

Limitations or conditions:

Business Owner Name (print): _____

Signature: _____

Date: _____

Return this form to:

BY MAIL:

Staten Island Chamber of Commerce
130 Bay Street
Staten Island, NY 10301

BY FAX:

(718) 727-2295

BY EMAIL:

info@sichamber.com

QUESTIONS? Call the Staten Island Chamber of Commerce at (718) 727-1900.