



DISCOUNT OFFER

Buy Local

Please complete this form in its entirety and use an additional sheet if necessary.

Business Category: _____

Name of Business: _____

Address: _____

Owner(s) / Contact _____

Telephone: _____ Fax: _____ E-Mail: _____

Web Site: _____

Type of items sold OR services you perform: _____

Do you accept most major credit cards? _____ Do you accept Debit cards? _____

No. of Years in Business: _____ Hours of Operation: _____

Specify what discount (s) you can provide. (Exa. \$ off or %) _____

*Please include your menu, services listing, flyers etc. and explain how the discount applies to your published prices.

Signature of Official authorized to make this Offer.

Print Name: _____

Title: _____ Date: _____

Please submit this application to: City of West Palm Beach
Attn: Human Resources – Benefits Division
P.O. Box 3366
West Palm Beach, FL 33402
(561) 494-1000

Thank you and we look to promoting your business and increasing our economy!