



SHOP HINTON

BUILDING COMMUNITIES...FROM THE BUSINESS UP

Business Application Form

To enroll your business in the Shop Hinton program, please complete the following form and return to the Hinton & District Chamber of Commerce via fax at 780-865-1062 or email at hintoncc.loriphillips@telus.net

Company Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Contact Person: _____

Industry Category: _____

PROMOTIONS OFFERED THROUGH THE PROGRAM

To give you some ideas, here is a list of some of the discounts that are currently being offered by other participating merchants already enrolled in the Local Benefits program.

- 5%, 10%, or 15% off your bill
- \$5.00, \$10.00 or \$25.00 off any purchase over \$_____
- Buy 1 get 1 Free
- Buy 1 get 1 50% off

Please use the space provided below to list the 1 or 2 discounts that you want to offer through the program

1. _____

2. _____

By signing this document, we agree to offer the above stated promotions and to become a part of the Shop Hinton Network. We consent to honour the terms of this agreement, unless otherwise stated, in writing.

Signature: _____ Date: _____

Name (printed): _____