



THANK A VETERAN

MERCHANT ENROLLMENT FORM



Fort Bend County Clerk
301 Jackson Street
Richmond, Texas 77469
(281) 341-8685

ccevents@FBCTX.GOV

Merchant Information

Business Name: _____ Date: _____

Business Address: _____
Street Address *Suite/Unit #*

City *State* *ZIP Code*

Business Phone: _____ Business Email: _____

Business Category* _____ Website _____

Hours of Operation _____

Business Point of Contact

Please list a point of contact for the program:

Full Name: _____ Title: _____

Business discount: _____ Phone: _____

Please specify the percent, amount, or item of discount. Please include limits or conditions, if applicable.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I agree to offer the above discount to all veterans who provide the Fort Bend County Clerk's Veterans Discount ID Card.

Signature: _____ Date: _____

