



# THANK A VETERAN

## MERCHANT ENROLLMENT FORM



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

**cclerkrecords@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: \_\_\_\_\_

