

Merchant Offer Inclusion Request

(This offer appears on local professional's websites)

Instructions: Please fill out shaded areas as you would like the offer to appear.

Name:
Address:
City State Zip
Phone: ()
Fax: ()

Savings Certificate

Merchant name:

Offer

Logo

Presented to

Merchant address:

Phone

Compliments of:



Bill Flinn
Farmer Insurance
6909 W Ray Road
Bldg 15, Suite 15
Mesa, AZ
(480) 820-5288



Coupon # 1007

Terms of use:

All Rights Reserved, New Neighbor Direct Inc. Scottsdale AZ, (888)236-3222

Special instructions:

- Offer valid until MM/DD/YY _____.
- Do you want to limit the number of times a customer can print this coupon per month Y/N? Limit to ___ times.

Merchant approval

I acknowledge that I have reviewed and approve the offer with it's terms and conditions listed above. I also acknowledge that I will honor the above mentioned offer until the cancellation date on the individual coupon. If I choose to cancel my company's participation in this program I will give 30 days notice either written or emailed. Upon cancellation I agree to honor any outstanding coupons until the expiration date shown on the coupon. I further acknowledge that I have the authority to sign this agreement on behalf of the merchant listed above.

Approved By:

Title:

Email:

Printed Name:

Date:



New Neighbor Direct, Inc., Merchant Services
7900 E. Greenway Rd., #209, Scottsdale, AZ 85260
480.626.0587 office 888.207.1581 fax