

Co-op Connections® Program

Brought to you by Valley Rural Electric Cooperative, Inc.



PARTICIPATING BUSINESS FORM

Name of business: _____

Mailing address: _____

Business street address: _____

Phone: _____

Fax: _____

Website address: _____

Contact name: _____

Contact title: _____

Email address: _____

Business hours: _____

Discount(s) offered to Co-op Connections cardholders: _____

By signing this contract, I, representing the above-named business, agree to be a participating Co-op Connections business and also agree to offer discounts to all Co-op Connections cardholders as noted in the Co-op Connections brochure. I agree that the above-named business will offer the discount(s) outlined above for no less than one year and that the discount(s) will be automatically renewed on an annual basis unless otherwise specified. I understand that if I wish to change or terminate the discount(s) offered by the above-named business, I must wait until after the one-year contract period and I must contact Valley Rural Electric Cooperative, Inc. directly to make these changes to the discount(s).

Signature: _____ Date: _____

Please return this form to:

Susan Penning, Director of Member Services
Valley Rural Electric Cooperative, Inc.
PO Box 477
Huntingdon, PA 16652-0477