

Business Membership Enrollment

Business Name: _____

Owner or Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Website: _____

Business Description (## word max): _____

Membership Requested

Standard 6mo _____ 12mo _____

Premium 6mo _____ 12mo _____

Featured 3mo _____ 6mo _____ 1yr _____

Coupon Gallery

Number of months: 3mo _____ 6mo _____ 1yr _____

Total (monthly)

Membership \$ _____

Coupon Gallery \$ _____

Total Monthly \$ _____ Initial Payment (3 months) \$ _____

Credit Card Authorization

Card Holder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Type (check one): American Express Discover MasterCard VISA

Card Number: _____ CVV # (3-4 digit on back of card): _____

Exp. Date: _____ Signature: _____