2017 Coupon Program Application
Cold Spring Area Chamber of Commerce

_____ Yes, we wish to participate in the Cold Spring Area Chamber of Commerce Coupon as an additional benefit of our annual membership. We also agree to honor the coupons to the best of our ability and make a comparable substitution in the event our discounted item is out of stock.

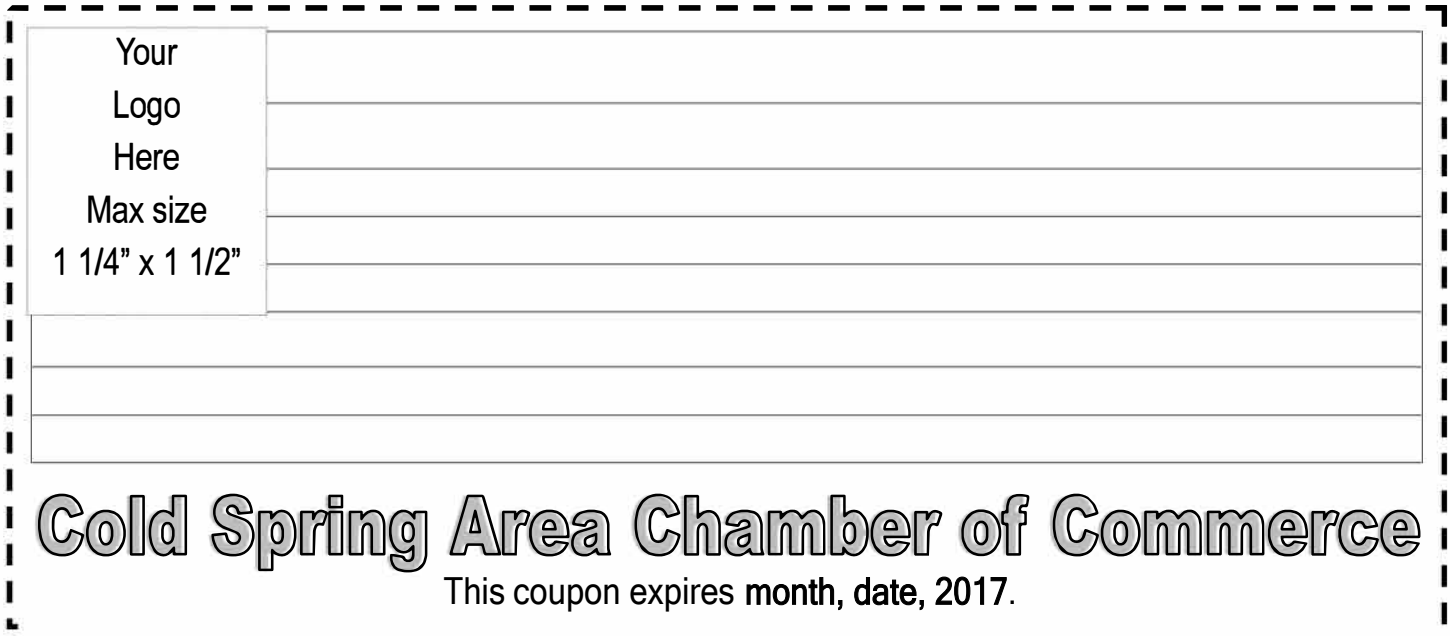
Member Name: _____

Member Representative: _____

Signature: _____ Date: _____

Telephone: _____ Email: _____

(Please complete the following coupon information)



Line 1 - Company/Business Name (14 pt Arial Bold Type-(Max 36 spaces)

Line 2 - Street Address (14 pt Arial Narrow Type - Max 48 spaces)

Line 3 - City, State & Zip Code (14 pt Arial Narrow Type - Limited to 48 spaces)

Line 4 - Telephone & Fax Number with Area Code (14 pt Arial Narrow Type - Limited to 48 spaces)

Line 5 - Email & Website address (14 pt Arial Narrow Type - Limited to 48 spaces)

Line 6 - **Description of Discount (14 pt Arial Narrow Bold Type - Limited to 62 spaces)**

Line 7 - Additional Text (12 pt Arial Narrow Type - Max 72 spaces or 10 pt Arial Type - Max 86 spaces)

Line 8 - Additional Text (12 pt Arial Narrow Type - Max 72 spaces or 10 pt Arial Type - Max 86 spaces)

NOTE: Or furnish your own coupon design in JPG format maximum size 7 1/2" x 3 1/4".