

## VIP Discount Card Vendor Sign-Up

Today's Date:			
Business Name:			
Physical Business Addre	ss1:		
Physical Business Addre	ss2:		
City:	State:	Zip:	
Mailing Address (if diffe	rent than Physical Business	Address):	
Mailing Address1:			
Mailing Address2:			
City:	State:	Zip:	
Business Phone #:			
Email Address:			
Business Employer Iden	tification Number (EIN):		
(Example: 10% off your order or	you are offering NJTGO card \$5 off \$30 spent, etc. You choose the c e to sell NJTGO VIP Discount	deal!)	
Qty:	Price Per Card		
To	otal Amount Due to NJTGO:		
Method of Payment:	Check (Make check or	ıt to Giant Imp	act Group dba NJTownGuide.com)
Credit: (Visa/M			
Name as it appears on c	redit card:		
Credit card billing addre	ess1:		
Credit card billing addre	ss2:		
City	State:	Zip:	3-digit CID (From back of card):
Accepted by:			
By filling in your name a	bove you approve of the ch	arges as descri	bed in this form.

\*Please save form and email to <a href="mailto:advertising@njtgo.com">advertising@njtgo.com</a> or print and fax to 973-428-1957.