

ORANGE COUNTY NY FILM DISCOUNT CARD PROGRAM VENDOR AGREEMENT FORM



VENDOR CONTACT INFORMATION

Business Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: _____
 Fax: _____
 Film/TV/Theater Liaison Contact: _____
 Contact Email: _____
 Business Website: _____

VENDOR DESCRIPTION (Please describe what services you provide. You may attach an additional sheet or write on the back of this form if you run out of room)

YOUR EXCLUSIVE OFFER (Providing a Discount is a requirement to be a participating vendor in the Program. Discount must be provided on a consistent and ongoing basis. Discount must be quantifiable and meaningful (**minimum of 10% off goods/services**). Please note any restrictions and/or special requirements. Example: 15% off XYZ services.)

<p>Film Friendly? Are you interested in receiving requests from productions interested in filming at your establishment? (circle one) <p style="text-align: center;">YES NO</p> </p>	<p>For Hotels Only</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">#Rooms</td> <td style="text-align: center; width: 33%;">#Meeting Rooms</td> <td style="text-align: center; width: 33%;">#Suites</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	#Rooms	#Meeting Rooms	#Suites	_____	_____	_____
#Rooms	#Meeting Rooms	#Suites					
_____	_____	_____					

The vendor identified above agrees to participate in the Orange County NY Film Office (OCNYFO) Discount Card Program. Vendor agrees to provide to all Program card holders the Offer identified above. Vendor agrees to ensure that all its employees will have full knowledge of the Program and Offer. OCNYFO does not guarantee any business to Vendor. OCNYFO may cancel this agreement and the Program at any time. Vendor may change or terminate the Offer at any time on 30 days' notice to OCNYFO.

Vendor Signature

Date

Print Name

Title

Accepted by _____
OCNYFO Staff Member

Date

**PLEASE RETURN BY FAX TO THE ORANGE COUNTY NY FILM OFFICE AT (845) 469-3145
 OR EMAIL INFO@ORANGECOUNTNYFILM.ORG**