Application & Authorization Form

☐ The business is located in the Maine counties of Androscoggin, Cumberland, Knox, Lincoln, or Sagadahoc.

321 Local Rewards Business Requirements*

| $\hfill\square$ The business is private, worker, community or cooperate $\hfill\square$ | erative owned and not a | franchise. | |
|--|----------------------------------|--|--|
| $\hfill\square$ The business is registered in Maine, with no corpora | te or national headquart | ers outside of Maine. | |
| $\hfill\square$ The owner or majority of owners are Maine resident | s at least half of the year | : | |
| ☐ The owner(s) have full decision-making authority over more than one location, the majority of locations must | | , | |
| *Midcoast FCU reserves the right to decline participation in the 32' meeting the conditions stated above. | 1 Local Rewards Program to ar | y business it deems not appropriate or not | |
| 321 Local Rewards Business Enro | ollment Applica | tion | |
| 1. Check boxes for the conditions stated above. | | | |
| 2. Contact Information: Contact information is used for N | Nidcoast FCU contact purposes | s only. These fields will not be displayed on our website. | |
| Business Name | | | |
| Merchant Identification Number (MID is required for 321 Re | eward processing) | | |
| Owner Name(s) | | | |
| Owner Email | | | |
| Alternate Contact & Email | | | |
| Phone | | | |
| Street Address | | | |
| City | State | Zip Code | |
| Contact Preference (Select one) | | | |
| 3. Business/Organization Information: This information | ation will be used for our onlin | e directory and marketing purposes. | |
| Business Name | Business Phon | Business Phone Number | |
| Street Address | | | |
| City | State | Zip Code | |
| Facebook (URL) http://facebook.com/user | | | |
| Website (URL) http://example.com | | | |
| Hours of Operation | | | |
| | | | |
| Business Authorization | | | |

By signing below I authorize that the above information is accurate to the best of my knowledge, the business accepts Visa° credit cards as a form of payment and I have the authorization to provide this information on behalf of the business for enrollment in the PERKS 321 Local Rewards Program.

| Printed Name | Employee Name |
|--------------|---------------|
| Signature | Date |



