

George Latimer
County Executive

Westchester County Veterans Service Agency
Commissioner Ronald C. Tocci, Director

Merchant Enrollment Form



Business Name: _____

Address: _____

City/Town: _____, NY ZIP: _____

Telephone: _____

E-Mail: _____

Days and Hours of Operation: _____

Discount Specification: _____15% _____20% _____25% Other: _____

Limitations or Conditions: _____

Authorized Representative (Please Print): _____

Signature: _____ Date: _____

Please return this form by mail, fax, or e-mail:

Westchester County Veterans Service Agency

112 East Post Road, 4th Floor, Room 442

White Plains, NY 10601

Fax: (914) 995-7735

Email: Veteran@westchestergov.com

(914) 995-2145

<https://veterans.westchestergov.com/resources/favor>