



## SAVVERS Business Application Form

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Website \_\_\_\_\_

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What discount or service would you like to offer?

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Are there any restrictions?

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Please return this form to:

SAVVERS Discount Program  
One Bergen County Plaza – 2<sup>nd</sup> Floor  
Hackensack, NJ 07601