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**WMBA MEMBER BENEFIT CARD - MERCHANT AGREEMENT**

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**Merchant**

Company Name: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Discount information**

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Discount Offer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The above named Merchant agrees to honor the above Discount Offer anytime a customer presents the WMBA Member Benefit between the Program Start and End Dates listed above.*

Merchant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax completed form to: 1050-B Marietta Street NW, Atlanta GA 30318 | FAX 404-873-1730

Info@WestMidtownBiz.com  
www.WESTMIDTOWNBIZ.com