

Southwestern Electric Cooperative, Inc.
Co-op Connections Member Benefit Program Participation Agreement

Please fax the completed form to Carol Richling at (502) 491-0805

Name of Business _____

Business Category: (circle one) Automotive Florist Medical Remodeling Technology
 Convenience Store Golf Pest Control Restaurant
 Entertainment Health/Beauty Photography Retail
 Financial Services Home Care Real Estate Service
 Fitness Lodging Recreation Storage

Other _____

Contact Name & Title _____

Business Address _____

Mailing Address (if different from above) _____

Additional Locations _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Website _____ Email Address _____

Discount Offer (max. 100 characters) _____

Exclusions _____

I agree to participate in Southwestern Electric Cooperative's Co-op Connections Member Benefit Program by offering product or service discounts to all Co-op Connections cardholders. I have elected to offer the discount listed above and agree to honor this discount for 12 months, unless Southwestern Electric Cooperative terminates this contract. This agreement is effective from the date listed below. At the end of the 12 months I may extend, amend or discontinue my offer.

Signature: _____ Date _____

Printed Name: _____

For more information, contact: Carol Richling, World Expositions, 3046 Breckenridge Lane, Suite LL1, Louisville, KY 40220, or call (502) 493-3976

Office use only: DB - _____ TS - _____ Changes - _____