



Erie Perk Pass Participation Application

Business Name: _____

Contact Person: _____

Address: _____

Phone Number: (Office) _____ (Cell) _____

Email: _____ Fax: _____

Website: www. _____

Please describe your discount below (Example: 10% off, Buy One Get One, etc.):

Start Date: _____ End Date: _____

Please explain any terms, conditions, or restrictions for your discount (Example: Offer not valid Fri/Sat, Not valid with other offers):

How many cards will you need for your business/employees? _____

Please submit your completed application to the ERCGP via mail, fax, (information to the right of this form), or scan/email to nschmitz@eriepa.com. You may also submit your offer online by logging in to the Members Only section of eriepa.com.

For internal use only:

Entered in WL ___ Date _____ FB ___ LI ___

▶ 208 East Bayfront Parkway
Suite 100
Erie, Pennsylvania 16507

▶ 814-454-7191
814-459-0241 (fax)

▶ www.EriePa.com