

GALWAY CO-OP

P.O. Box 299, Schenectady, New York 12301
Tel: (518) 882-5445 • E-mail: GalwayCoOp@aol.com • Web: www.Fuels4Less.com

BUSINESS DIRECTORY APPLICATION

Merchants wishing to be included in the Galway Co-op's Business Directory should submit this completed application. Contact us with any questions. Please send original form to Galway Co-op, P.O. Box 299, Schenectady, New York 12301.

BUSINESS DETAILS

Business Name:

Contact Person(s):

Street Address: City, State, Zip:

Business Phone (include area code): Evening Phone (include area code):

Cell Phone (include area code): E-Mail:

Web site address:

For how long have you been in business? Hours of Operation:

Forms of payment accepted (check all that apply): Personal check Visa MasterCard American Express Discover
 Other:

Has a complaint ever been filed against your business with the NY State Attorney General's Office? Yes No

If "Yes," please explain:

Has a complaint ever been filed against your business with the Better Business Bureau? Yes No

If "Yes," please explain:

PRODUCT/SERVICE DETAILS

What is (are) your service area(s)?

What are the products/services you wish to offer?

1. 2.

3. 4.

Additional products/services, if applicable:

If you wish to discount your product(s)/service(s), please explain the discount:

Business Name:

ACKNOWLEDGEMENT

The information I/we have supplied on this form is correct. I/we understand that it is within the Galway Co-op's discretion to approve or deny this application; that if my/our application is approved I/we can choose at any time to no longer be included in the Business Directory by submitting a written notice to the Galway Co-op indicating the same; and, that I/we understand the Galway Co-op can choose to no longer include my/our business in the Business Directory by sending me/us written notice of the same.

I have read and agreed to the terms stated above.

Signature and Date: _____ Signature and Date: _____

Printed Name: Printed Name:

Position Title: Position Title:

Additional comments (optional):

PLEASE SEND ORIGINAL FORM TO:
Galway Co-op
P.O. Box 299
Schenectady, New York 12301