



**"MADE IN NY"
DISCOUNT CARD PROGRAM
VENDOR AGREEMENT**



Vendor Contact Information

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____


Film/TV/Theatre Liaison Contact: _____

Contact Email: _____

Website (If you have one): _____

Vendor Description (Please describe what services your business provides in 75 words or less for your website listing. MOFTB reserves the right to edit listings.)

Your Exclusive Offer (Providing a Discount is a requirement to be a participating vendor in the Program. Discount must provide a consistent and ongoing offer. Discounts must be quantifiable (**minimum of 10% off goods/services**). Please note any restrictions and/or special requirements. Example: 15% off xyz services.)

Film Friendly  Are you interested in receiving requests from productions interested in shooting at your establishment? If so, your listing will appear with the camera icon (left). Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hotel Only <table><tr><td>#Rooms</td><td>#Meeting Rooms</td><td>#Suites</td><td>Health Club (Y/N)</td></tr><tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></table>	#Rooms	#Meeting Rooms	#Suites	Health Club (Y/N)	_____	_____	_____	_____
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_____	_____	_____	_____						

This agreement is being made with the vendor stated above and the NYC Mayor's Office of Film, Theatre and Broadcasting (MOFTB) for participation in the "Made in NY" Discount Card Program. To preserve the integrity of this discount program, the vendor agrees to ensure that all employees who come in contact with customers have full knowledge of the program and what the business will offer to card holders. The Vendor agrees to participate and provide the "Made in NY" Card Holder with offer(s) stated above for an open-ended period of time. As a participating vendor, you retain the right to change this offer at any time with a 30-day prior written notice to the MOFTB. In addition, the MOFTB may cancel this agreement at any time.

Vendor Signature

Date

Print Name

Title

Accepted by: _____
MOFTB Staff Name

Date

**PLEASE RETURN BY FAX TO JENNIFER LENIHAN AT 212-307-6237
www.nyc.gov/film**