

# COMMERCE LEXINGTON INC.

## MEMBER 2 MEMBER DISCOUNT PROGRAM APPLICATION

Commerce Lexington's Member 2 Member Discount Program was designed to benefit our members in several ways, by first encouraging our members to buy from one another, to boost sales for our members, and also to create more visibility through our Web site for those participating in the program. This program is free and available only to Commerce Lexington members. For more information, please visit [www.commercelexington.com](http://www.commercelexington.com), or contact Dana Zinger at (859)226-1607 or [dzinger@commercelexington.com](mailto:dzinger@commercelexington.com).

Participants are included in an online catalogue, their discount is also indicated in the online Business Directory within their listing, and also in the "Special Offers" section of our Web site.

Please fill out the following application to indicate the discount your business would like to provide to other members. The following criteria must be met in order for your discount to be included. Applications must be signed by an authorized company representative indicating agreement with the following criteria:

- Commerce Lexington reserves the right to decline or remove any discount at any time
- Each company is allowed a maximum of two discounts running concurrently
- Discounts must be available to all members and their employees\*
- Discounts must apply to goods and services
- Discounts must be ongoing, not one time only
- Free consultation offers not accepted
- Participants are responsible for updating their offer on an as needed basis
- Commerce Lexington will assume no responsibility for information that is outdated or otherwise incorrect
- Commerce Lexington reserves the right to change the M2M Discount policy at any time
- Descriptions will be limited to 50 words or less

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

Company Web site address: \_\_\_\_\_

Description of the discount offered (50 word maximum): \_\_\_\_\_

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### Contact Information

Please provide the name of your company representative responsible for handling the discount program. Note: If this contact information changes, it is the company's responsibility to update Commerce Lexington.

Name & Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

I agree to abide by the criteria listed above.

X \_\_\_\_\_  
Signature of Authorized Representative

\*Purchasing programs with restrictions are considered, but are subject to review of specific terms and conditions by Commerce Lexington. In the event restrictions are permitted, those details must be disclosed to members at the time of registration for the discount.

Please fax this form to (859) 233-3304, Attn: Dana Zinger, or mail to Commerce Lexington,  
Attn: Dana Zinger P.O. Box 1968, Lexington, KY 40507.

