

TRIBAL MEMBER AND ASSOCIATE DISCOUNTS

VENDOR APPLICATION

COMPANY INFORMATION

Business Name: _____

Business Address: _____ Office/Unit #: _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ Business Fax: _____

Business Website: _____

Company Email: _____ Tribally Owned: Yes No

Description of Discount:

Discount will be available to: Choctaw Nation associates Choctaw Nation tribal members

Expiration Date: _____ County or Area of Discount: _____

Unless otherwise noted, expiration of this discount will be on December 31 of each year or 12 months from application date.

POINT OF CONTACT

Name: _____ Title: _____

Department: _____ Fax Number: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

SIGNATURE OF AUTHORIZED PERSONNEL REPRESENTING COMPANY

Signature: _____ Printed: _____

Please email to gsnead@choctawnation.com | For questions, contact 580-924-8280 EXT 2420



Choctaw Nation

CHOCTAWNATION.COM

