



## **DISCOUNT DIRECTORY AGREEMENT FORM**

**Name of Company** \_\_\_\_\_

**Address of Head** \_\_\_\_\_

**Office** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Website** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Name of Principal** \_\_\_\_\_

**(BLOCK LETTERS)**

***Title*** \_\_\_\_\_

**No. Of Branches** \_\_\_\_\_

**Locations** \_\_\_\_\_

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**Details of Discount**

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**Signature of Principal**

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**Date**

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**ECU Representative's Signature**

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**Date**

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**Term of Agreement**

This Agreement will be enforced for a period of two (2) years, i.e from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.