

City of Albuquerque  
Business Discounts for Employees Program  
Business Application  
(Send completed application to: [employeebenefits@cabq.gov](mailto:employeebenefits@cabq.gov))



Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Business Phone Number \_\_\_\_\_

Type of products or services offered \_\_\_\_\_

Description of discount or offer \_\_\_\_\_

\_\_\_\_\_

Business website address to be posted for employee access \_\_\_\_\_

\_\_\_\_\_

Note \_\_\_\_\_

By my signature below I attest to the fact that I have signature authority for the above named business to offer a discount to City of Albuquerque employees that is greater than what we offer the general public. I understand that participation in this discount program does not entitle me to employee contact information or solicitation on City property other than when we are invited by the HR Director or her designee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Email

|                 |              |              |            |
|-----------------|--------------|--------------|------------|
| For HR Use Only | ___ Accepted | ___ Rejected | _____ Date |
|-----------------|--------------|--------------|------------|