

Today's Date: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Company Website: \_\_\_\_\_

Briefly explain your services:

Detailed explanation of the discount your company would like to offer:

Discount Code: \_\_\_\_\_

**Please print this form.**

**Send this form to :**  
Human Resources/Payroll  
Dept 3140 PO Box 6050  
Fargo ND 58108-6050

Phone (701) 231-8961  
Fax (701) 231-9686