

Form B

2022 - 2023 Summit Merchant Pass Application

Please email this form to:

breckgroupsales@vailresorts.com

Merchant Name:		
Physical Address:		
City:	State:	Zip:
Mailing/ Billing Address:		
City:	State:	Zip:
Owner/Manager:		
	Cell Phone:	
Email:		
Other Contact:		
Business Phone:	Cell Phone:	
Good standing with Breckenridge	Tourism Office or Summit Co	unty Chamber?
Signatures of Individuals Authori	zed to Sign Merchant Pass Pur	chase/ Transfer Form (C)
Print Name:		
Signature:		
Print Name:		
Signature:		
Business Credit Card*: #	E	xpiration Date:

*When purchasing or transferring a Merchant Pass, you will need a business credit card on file.