



## SAVVERS Card Application Form – Active Military

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

City/Zip \_\_\_\_\_

### Spouse Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Please attach a COPY of identification of your military status.

Attach copy here

Please return this form to:

SAVVERS Discount Program  
One Bergen County Plaza – 2<sup>nd</sup> Floor  
Hackensack, NJ 07601