

Business description and payment information

PLEASE TYPE OR PRINT

Name of Business: _____ Category: _____

Please give brief description of your business.

Services offered:

If you have any questions, please feel free to contact us at 630-837-5200,
Or visit our website at www.streamwoodchamber.com

Please return both forms along with your dues to:

Streamwood Chamber of Commerce; P.O. Box 545, Streamwood, IL 60107

- Make checks payable to: Streamwood Chamber of Commerce or complete credit card information:

Amount enclosed: \$ _____

Name on card: _____

Visa or MC ~ Credit card number: _____

Expiration Date: _____ 3 digit security code (CVV): _____

Signature of card holder: _____