



Website Profile Form

Date: _____

Business Name: _____

Physical Address: _____

Mailing Address: _____

Web Site: _____ E-Mail: _____

CEO/Manager: _____

Phone: _____ Toll Free: _____ Fax: _____

Owner/Parent Company: _____

Mailing Address: _____

Phone: _____ Toll Free: _____ Fax: _____

Type(s) of Business: _____

Special services offered: _____

Other important information: _____

Days and Hours Open: _____

Credit Cards/Bankcards Accepted? Y/N _____ Which ones? _____

May we refer direct inquiries to you? Y/N _____ Employment Inquires Y/N _____

Requests for a membership list are sometimes received. May we use your name on this list? Y/N
(List will not be sold to solicitors.) _____

Please return completed form with payment to: Cass City Chamber of Commerce

www.casscitychamber.com
ccc@casscitychamber.com
Judy Keller, Administrator

Cass City Chamber of Commerce
6506 Main St.
Cass City, MI 48726

Phone # (989) 872-4618
Fax # (989) 872-4855