

Chamber Savings Card Program



2017 AGREEMENT FORM

Company _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Category of Business (see list) _____

☐ Keep last year's offer

☐ New Offer (see below)

Description of Discount _____

I hereby agree to participate in The Chamber Savings Card Program offered through The Chamber of Manitowoc County and to honor the discount(s) on all products and services purchased by any member firm employee. I agree to notify all appropriate personnel in my business, at all locations, to ensure that our employees will honor the discount(s) listed above.

A written notice must be given by either party in order to cancel the discount. This offer is open to Chamber members only. If your company's membership is cancelled, you will be removed from the program.

Member Signature _____ Date _____

PROGRAM GUIDELINES

The Savings Card Program is intended to be an incentive for non-members to join The Chamber of Manitowoc County and to encourage commerce between Chamber members and their employees. It is not intended to endorse a particular product, service, or firm. We accept and offer discounts in good faith and strongly suggest that it is in your best interest to make every effort to check the offer personally for accuracy before submitting it.

TO BE ELIGIBLE TO OFFER A DISCOUNT THE COMPANY MUST:

1. Be a Chamber member in good standing.
2. Offer a reduction in vendor's standard prices different from other offers available to the general public. This discount must be offered through 12/31/17.
3. Complete a Chamber Savings Card Program Agreement Form.

If The Chamber is unable to accept a discount offer as written, we will call you to discuss ways to modify or clarify the offer.

**The Chamber of Manitowoc County
1515 Memorial Drive
Manitowoc, WI 54220
(920) 684-5575 Fax (920) 684-1915**