



Business Bingo!

PLEASE RETURN COMPLETED APPLICATION BY SATURDAY, MAY 30TH TO: DIRECTOR@PLANOCOMMERCE.ORG

DATE: _____

*NAME OF BUSINESS: _____

*ADDRESS: _____

*HOURS OF OPERATION: _____

*SPECIAL OFFER: _____

APPLICANT SIGNATURE: _____

PLEASE RETURN COMPLETED APPLICATION TO:

DIRECTOR@PLANOCOMMERCE.ORG BY SATURDAY, MAY 30TH

PLANO AREA CHAMBER OF COMMERCE, 7050 BURROUGHS AVE, PLANO, IL 60545
