

SPONSORSHIP AGREEMENT

This is to confirm the sponsorship agreement between the Lakes Area Chamber of Commerce

and _____ Sponsor's Name _____

for the _____ (event name) _____ (Sponsorship title) _____

By signing this agreement, I accept to be a sponsor for the amount of \$_____ to be paid within 30 days of receipt of invoice or accordance with terms specifically agreed outside of this agreement.

SPONSOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

Signature: _____ Date: _____

PAYMENT INFORMATION



Business Name: _____

Card Holder's Name: _____

Address: _____

City: _____ Zip: _____

Credit Card # _____

3 Digit Vin #: _____ Expiration: _____

Signature: _____

Mail payment to:

**Lakes Area Chamber
305 N. Pontiac Trail, Suite B
Walled Lake, MI 48390**

248-624-2826 - Phone

248-624-2892 - Fax

info@lakesareachamber.com

Office Info: _____

Received Logo _____

Invoiced: _____

Received Ad _____

Payment received: _____

Size of Ad _____