

TRADE AGREEMENT

Edmond Area Chamber of Commerce, 825 East Second Street, Suite 100, Edmond OK 73034
Contact: Ken Moore, (405) 216-2000, Fax: (405) 340-5512, kmoore@edmondchamber.com

Trade Out With

Company _____
Authorized Representative _____
Title _____
Address _____
Phone _____
City _____ State _____ Zip _____
Signature _____

Company Will Provide

Describe the product or service _____

Begin Date _____ Expiration Date _____
Total Value of Trade \$ _____
Additional Information/Restrictions/Blackouts _____

Company Will Receive

Membership \$ _____ Describe* _____
 Sponsorship \$ _____ Describe* _____
 Balance Credited as Donation to Chamber

Sold By

Volunteer's Name _____
Team _____ Date _____

Chamber Action

Confirmed With _____
Chamber Official _____
Date _____
