

**TRADE AGREEMENT**

**Edmond Area Chamber of Commerce**, 825 East Second Street, Suite 100, Edmond OK 73034  
*Contact: Sherry Jordan (405)341-2808 Fax: (405) 340-5512, sjordan@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 \_\_\_\_\_

\_\_\_\_\_