

RESIDENTIAL GREETER SERVICE CONTRACT

Plainfield Area Chamber of Commerce

24109 W Lockport St. Plainfield IL, 60544

Office Number: 815-436-4431

Fax Number: 815-436-0520

This agreement is made on the date set forth below between the Plainfield Area Chamber of Commerce Inc. (hereafter "Chamber") and the member firm service purchaser (hereafter "customer") noted below.

- 1. AGREEMENT: Chamber agrees to provide and customer agrees to subscribe the type of Greeter Service set forth below.
2. PRICE: Customer agrees to pay the price as set forth below.
3. TERM: Customer agrees to pay the below noted price each month upon receipt of statement from the Greeter Service provided by the Chamber and agrees to pay one and one-half per cent interest per month on the balance due after said due date.
4. REPRESENTATION: The customer hereby authorizes the Chamber to represent them with its Greeter Service in the Plainfield, Illinois area.
5. COUPONS/PROMOTIONAL ITEMS: Customer may furnish a coupon and/or brochure or promotional item to be distributed by the Greeter Service.
6. LIABILITY: The Chamber shall not be liable for any loss or damage of any kind resulting from the delay or the inability to include the coupon in the Greeter Program.
7. CONTRACT LIFE: It is understood that the services herein contracted for will continue from the date of the beginning of the service until either party shall give the other party sixty days written notice of cancellation.
8. REPORTS: The Chamber will furnish to the customer a written report of the names, addresses and other pertinent information of the new & Old residents.
9. CONTROLLING PROVISIONS: The terms and conditions of this contract shall supersede any provisions, terms or conditions contained in any prior agreement.
10. SERVICE PRICE: Greeter member will be charged at the rate of \$1.75 per visit- billed each month- and a \$100.00 startup fee.

Dated this ___ day of ___, 20__

Business Name: _____

Address: _____

Business Telephone: _____

Signature: _____

(owner or company representative)

Payment: Cash _____ Check _____ CC on File _____

VISA, M/C, AMEX: _____

Exp Date: _____

Signature of Cardholder: _____

E-mail Address: _____

(For Office use only)

Received by: _____

Start Date: _____

Promotional Terms: _____

