



YOUR  
NAME

Your Business Name

St. Charles Chamber of Commerce



ST. CHARLES  
CHAMBER OF COMMERCE

Since 1922

NAME BADGE ORDER FORM

ORDER INFORMATION:

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

HOW MANY BADGES YOU ARE ORDERING: \_\_\_\_\_

X \$11.95 EACH = TOTAL ORDER \$ \_\_\_\_\_

(PLEASE PRINT THE FOLLOWING)

**BADGE #1:** NAME ON BADGE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**BADGE #2:** NAME ON BADGE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**BADGE #3:** NAME ON BADGE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**BADGE #4:** NAME ON BADGE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

**BADGE #5:** NAME ON BADGE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

\*Use Back Side for Additional Names

**Payment Information**

Business Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ or, I prefer Credit Card \_\_\_\_\_

Exp. \_\_\_\_\_ CVC # \_\_\_\_\_ Signature: \_\_\_\_\_

St. Charles Chamber of Commerce  
3755 E. Main St., Ste. 140., St. Charles, IL 60174 (630) 584-8384, Fax (630) 584-6065

**Please return this form with your payment**