

Membership Installment Plan Agreement

Membership Level _____
12 payments of \$ _____ / month
OR
4 payments of \$ _____ /quarter

I understand that this Installment Plan for my Lombard Chamber _____ level membership will automatically renew after 12 months unless I contact the Lombard Chamber of Commerce at least 30 days prior to my yearly renewal month of _____

Representative _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____

Rep Phone _____ Cell: Y N

Credit Card Number _____

Expiration Date _____ Security Code (Back of Card) _____

Name on Card _____

Email (for receipt) _____

I agree to pay the above stated amount for my Membership with the Lombard Area Chamber of Commerce and Industry. I also agree that if my credit card information changes, I will contact the Lombard Chamber with the new information before my next installment payment is charged. Because I will have full access after one month to all benefits within my Membership Tier upon signing, I understand that there are no refunds and no early cancellations of this payment contract. I agree to continue payments until my renewal month regardless of my level of activity with the Lombard Area Chamber of Commerce.

Signature of Company Representative _____

Date _____