

BOW ISLAND/BURDETT & DISTRICT CHAMBER OF COMMERCE

Business Name: _____

Street Address: _____

Mailing Address: _____

Physical Location: _____

Phone: _____ Fax: _____ Email: _____

Web Site: _____

Primary Contact:

First Name: _____ Last Name: _____

Phone : _____

Email: _____

Type of Business (choose all that apply):

Accountant/Bookkeeping

Advertising/Promotional Products

Agriculture

Automotive

Bar/Lounge

Club/Organization

Computers

Confectionary

Construction/Construction Materials

Drugstore/Pharmacy

Education

Electrician

Financial Institution

Gas Station

Graphic Design/Web Design

Greenhouse/Flower Shop

Grocery

Insurance

Library

Locksmith

Medical Services

Motels/Accommodation

Parks & Recreation

Plumber

Printing

Real Estate

Restaurant

Retail Sales

Trucking

Utilities

Woodworking

Other (please specify)

Company Profile:

Products & Service Description:

Keywords:

Employees

of Full-Time

of Part-Time

Office Type: Head or Home Office Branch Office Telephone Answering Service Unknown

If you have chosen Branch, please name parent company:

Country of Origin of Parent Company:

Exporter: Yes No

Export to:

Interested in Exporting to:

Chamber Member: Yes No

Would you like information on becoming a Chamber member: Yes No