

# NACM CONNECTICUT INC.

\$\$\$ PROMOTION \$\$\$

## **NEW INDUSTRY CREDIT GROUP MEMBER REFERRAL PROGRAM**

**Dear Member:**

**NACM Connecticut will pay you \$75.00 for each company you refer to us that becomes a paid member of a regional or national industry credit group we operate.**

**There is no limit to the number of prospects you may submit. Referral information must be complete and submitted on this form. Please copy the form if necessary or fill out electronically and email back to us at [nacmct@nacmct.org](mailto:nacmct@nacmct.org).**

**Prospective member company** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(if available)

**Complete address (if available):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
(if available)

**Did you share information on a mutual customer? If so, name of customer, city, and state would be helpful.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Member#:** \_\_\_\_\_ **Direct Tel#:** \_\_\_\_\_

**May we mention your name when we contact this prospect?**  **Yes**  **No**

**Please return this form to:**

**NACM Connecticut Inc.  
P.O. Box 777  
Glastonbury, CT 06033**

**Fax: 860.659.1664  
Email: [nacmct@nacmct.org](mailto:nacmct@nacmct.org)**