

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.

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**