



# Investor Information

Greater Columbus Georgia

Chamber of Commerce

1200 6<sup>th</sup> Avenue

PO Box 1200

Columbus, Georgia 31902-1200

www.columbusgachamber.com

TRC Volunteer: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Business Category: \_\_\_\_\_

Minority owned business: Yes \_\_\_\_\_ No \_\_\_\_\_ Minority Type: \_\_\_\_\_

## Contact Information

Main Contact: (Mr. Ms. Dr.) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this person the billing contact? Yes \_\_\_\_\_ No \_\_\_\_\_

## Additional Contact

Name: (Mr. Ms. Dr.) \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this person the billing contact? Yes \_\_\_\_\_ No \_\_\_\_\_

Annual Investment \$ \_\_\_\_\_

Payment Method: Check # \_\_\_\_\_ Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

American Express \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Billing City, State: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ CVC Code : \_\_\_\_\_