CO-OP CONNECTIONS BUSINESS APPLICATION

| Business name: | | |
|---------------------------------------|--|--|
| Contact name & title: | | |
| Business address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |
| Website: | | |
| Social media: | | Logo: (Please include a jpg logo.) |
| Offer: (Example: 10% off) | | |
| | | |
| | | |
| | | |
| Any exclusions? | | |
| Offer value: Expiration date: | | |
| | | |
| offer listed above and agree to offer | all Co-op Connections care er it until the specified expire | Belt Energy Co-op Connections dholders. I have chosen the discount/ ation date or unless Corn Belt Energy on Belt Energy if I wish to alter my offer. |
| Signature: | | Date: |

After completing this form, please send to:

Hillary Cherry, Director of Communications & Marketing hillary.cherry@cornbeltenergy.com | 309.664.9250

