

Tacoma Business Connection Member Testimonial

Date: _____ From: _____

To (Business): _____

Testimonial: _____

I give Permission for the above name business to use my Testimonial for the purpose of Marketing and Advertising their Products and Services. If used, I only allow the Initials of my name shown. I didn't receive any Financial Consideration for this Testimonial; nor do I except any. This Testimonial is given by my own Free Will. I will recommend others to this Business.

Signed: _____ Bus: _____



Referral

Date: _____

To: _____ From: _____

Referral: _____

Address: _____

City, State, Zip: _____

Comments: _____

Preferred Contact Method: _____ Contact By (Date): _____

Phone _____

Email _____