

LOCC Business Covenant Information

Please write legibly.

Name of Business

Address of Business

Phone of Business

Email of Business

Name of Person Signing Business Covenant

Title or Position of Person Signing Covenant

As a LOCC Business Partner, your business name will be printed in the local newspaper with other businesses stating that you are supportive of the vision and mission of LOCC.

Signature

Date

NAME OF LOCC REPRESENTATIVE

PHONE

Please print, sign and fax to (803) 733-1395, Attn: Kristy Ackerman.