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BANK OF THE CASCADES

Center for Business & Industry
Chemeketa Community College

Small Business Development Center

EDGE BUSINESS INCUBATOR

REFERENCE REQUEST

Reference Information for:_____.

Applicant

Please submit the name and contact information of three references (include address, telephone and e-mail). Priority should be business references familiar with your business operations. By providing these names and their contact information you are granting your permission for us to contact them.

1. _____

Name Relationship

_____

Address Telephone E-Mail

I have notified this reference of this application. Yes ☐ No ☐

2. _____

Name Relationship

_____

Address Telephone E-Mail

I have notified this reference of this application. Yes ☐ No ☐

3. _____

Name Relationship

_____

Address Telephone E-Mail

I have notified this reference of this application. Yes ☐ No ☐