



## Business Questionnaire

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

Company Name: \_\_\_\_\_

Contact (Telephone Number and/or Email Address):

\_\_\_\_\_

Describe Your Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of partners you are looking forward to meeting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to:  
Orchard Park Chamber of Commerce  
4211 North Buffalo Road, Ste. 14  
Orchard Park, NY 14127