



2019 Business of the Year

Qualifications

1. Nominee must be an active business located or operating in Orange County.
2. Nominee must be a member in good standing with the Irvine Chamber of Commerce.
3. Nominee must have been in operation for at least 3 years.
4. Nominee must have demonstrated one or more of the following:
 - Exceptional growth through additional creation of jobs
 - Revenue growth
 - Innovative products or services
 - Exemplary customer service

Contact Information

Company Name	
Address	
Contact Name & Title	
Phone	
Email Address	

Background

Company Description

Please provide a brief description of the nominee business, mission statement, and products or services offered.

Chamber Involvement & Support

Is the nominee a member of any Chambers of Commerce? Please list.

Community Involvement

List any organizations, youth programs, education, in-kind donations, volunteerism, etc.

Business Standards

Discuss nominee's business ethics, customer service standards, environmental stewardship practiced, etc.

Additional Details

Please attach letters of reference or other backup material separately.

Nominated By

Name (printed)	
Signature	
Date	

Application deadline: June 7, 2019 | Application fee: \$50

Please submit completed applications to:

Greater Irvine Chamber of Commerce

Attn: Kaitlynn Irvine

36 Executive Park, Suite 100

Irvine, CA 92614

kirvine@irvinechamber.com

Phone: 949.502.4115

Fax: 949.660.0829

FPDOCS 32060702.1



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Greater Irvine Chamber of Commerce** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Greater Irvine Chamber of Commerce** to
charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.