



# Superior North CFDC

## SADC Supérieur Nord

### Multi-media Consent Form

Business Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Owner/Contact: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Business Type: \_\_\_\_\_

Services Offered: \_\_\_\_\_

Promotion: \_\_\_\_\_

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I hereby authorize the Superior North CFDC to publish the information provided above as written description or profile on its website, directory, social media platforms and in print format. I also certify that to the best of my knowledge the information above is accurate and correct.

Signature

Date

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