



SMALL BUSINESS ASSISTANCE PROGRAM

We want your small business to succeed.

Loan Application Packet

Company Name: _____

Address: _____

City, State, Zip Code: _____

County: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Please return your completed application to:

Central Pennsylvania Chamber of Commerce
Attention: Maria A. Culp
700 Hepburn St., Suite 4
Milton, PA 17847
Phone: 570.742.7341 Fax 570.742.2008
E-mail: mculp@centralpachamber.com