CROSS BUSINESS DIRECTORY
APPLICATION FORM

CRITERIA: 1) Church Member; 2) Parent of Cross School student; 3) Proof of Business Ownership.

Business Name:_____ Date Completed: _____

_____

Business Owner(s):_____

_____

Business Category(s):_____

_____

Business Address(es): _____

_____

Business Phone(s) with Area Code:

_____

Business Cell Phone with Area Code:

_____

Business Fax with Area Code:

_____

Business E-mail and Website Address for Hyperlink:

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Brief Description of Products or Services:

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For Questions Contact:
Jenn Milbert, 843-271-5002
jkmilbert@gmail.com

Submit Proof of Ownership To:
By email to Jenn Milbert jkmilbert@gmail.com
Drop off to Church Office
Mail To: The Church of The Cross
Attn: Cross Business Directory
PO Box 278
Bluffton, SC 29910