

**ATTACHMENT A  
Contractor Data Sheet**

1. Years in Business: Indicate the length of time you have been in business providing this type of service.

\_\_\_\_\_ Years \_\_\_\_\_ Months

2. References: Indicate below at least three (3) accounts for whom you have provided public relations/trade relations/media buying services, of which at least two will be related to tourism. Include the date service was furnished, and contacts.

Client	City/State	Date	Contact name/phone
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3. Are you a subsidiary firm? \_\_\_ Yes \_\_\_ No

If yes, list parent affiliation:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

**Agency Information**

Gross Income, Net of Media Placed Billings:

2013 \_\_\_\_\_

2014 \_\_\_\_\_

2015 \_\_\_\_\_

Average Account Size: \_\_\_\_\_

Current Number of Clients: \_\_\_\_\_

Approximate Percent of Total Media Billings:

Television \_\_\_\_\_

Magazine \_\_\_\_\_

Radio \_\_\_\_\_

Newspaper \_\_\_\_\_

Out of Home \_\_\_\_\_

Digital \_\_\_\_\_

Other \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_

**Authorized Signature(s)**

This form must be completed and signed by an officer of the company:

Name of Firm: \_\_\_\_\_

Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

If not a corporation, state the type of business organization, names and addresses of owners, address and phone of principle place of business, date business began, and state in which organized.

I certify the accuracy of this information.

Signature: \_\_\_\_\_

Name and title (print or type): \_\_\_\_\_

Date: \_\_\_\_\_