

**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 publishing service, 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: _____