ATTACHMENT A
Contractor Data Sheet

Agency Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

url: _____

<u>Primary Contact</u>

Contact Name: _____

Telephone Number: _____

Email Address: _____

Agency Information

Number of Years in Business: _____

Gross Income, Net of Media Placed Billings:

2013 _____ 2014 _____ 2015 _____

2016 _____ 2017 _____ 2018 _____

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: _____