

## EXHIBIT A: CONTACT SHEET

### CITY OF MARY ESTHER, FLORIDA

Please complete all fields. This form must be submitted as part of your proposal.

#### Company Information:

Name of Business: \_\_\_\_\_

Federal Taxpayer ID (FEIN): \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

#### Submitted By (Authorized Representative):

Name (Typed or Printed): \_\_\_\_\_

Title: \_\_\_\_\_

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

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

Vendor Accepts Credit Cards: (Please Circle)    **Yes**    **No**

#### Accounting Contact (for billing inquiries):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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