

COMPANY NAME: _____

Name of Owners: _____

Business Address: _____

City: _____ State: ____ Zip: _____ Business Phone: _____

Fax: _____ Group Sales Contact: _____

Email: _____

Assistant (if applic): _____ Federal ID Number: _____

Please answer the following questions.....

___ Number of Employees

___ Do you offer receptive services?

___ Do you operate motorcoaches? How many? ___

___ When was company established?

___ Estimated number of destinations to Lancaster you book annually?

Please list two business references and phone numbers: _____

Signed: _____ Title: _____ Date: _____

Trade Associations

*Please circle if you
are a member*

ABA NTA OMCA

PBA NCBA

Other: _____