



Partnership Application Form

VisitErie

P: 814-454-1000 | F: 814-459-0241 | janicef@visiterie.com

Partner Information

Company Name: _____

Mailing Address: _____

City /State / Zip: _____

Phone: _____ Fax: _____ Toll Free: _____

Business Email: _____ Website: _____

Primary Contact: _____ Title: _____

Phone: _____ Email: _____

Handicap Accessible: Yes No Pet Friendly: Yes No LGBT Friendly: Yes No

Business Listing Information (for Publications, Website and Mobile App)

Same as Above

Company Name: _____

Business Email: _____ Website: _____

Physical Address: _____

City /State / Zip: _____

Primary Phone: _____ Fax: _____

Billing Information

Same as Above

Billing Contact: _____ Email: _____

Billing Address: _____

City /State / Zip: _____

Primary Phone: _____ Fax: _____

Brief Description of Your Business



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Partner Dues Category Information

Select the box you would like to be listed under: you may select more than one box.

- | | |
|--|--|
| <input type="checkbox"/> Lodging
Rooms: _____
Meeting Space <input type="checkbox"/> yes <input type="checkbox"/> no
(If yes, attach meeting room specs)
Campgrounds
Transient sites: _____ | <input type="checkbox"/> Shopping
<input type="checkbox"/> General Retail <input type="checkbox"/> Specialty |
| <input type="checkbox"/> Dining
<input type="checkbox"/> Fine Dining <input type="checkbox"/> Restaurant <input type="checkbox"/> Bars & Pubs
<input type="checkbox"/> Wineries & Breweries | <input type="checkbox"/> Attraction
<input type="checkbox"/> History & Heritage
<input type="checkbox"/> Outdoor Adventures
<input type="checkbox"/> Arts & Culture |
| | <input type="checkbox"/> General Business
<input type="checkbox"/> Group Association
<input type="checkbox"/> Transportation
<input type="checkbox"/> Etc: _____ |

Payment Information

Total Due: \$250 \$1000 \$5000

Payment Method: Visa Discover MasterCard Check (payable to VisitErie)

Address to mail your check: VisitErie 208 East Bayfront Parkway, Suite 103, Erie, PA 16507

Card #: _____ Exp. Date: _____ CCV: _____

Name on Card: _____

Card Billing Address: _____

Signature: _____ Date: _____

Agreement

Signature: _____ Date: _____

Your signature confirms that you understand the partnership benefits with VisitErie and that the information on this form is correct. By signing this application, you also agree to abide by the VisitErie Code of Ethics, as may be amended.