

**EXHIBIT B**

**VENDOR BUSINESS REFERENCES**

Vendor		
Reference Name		
Contact Person 1		
Contact 1 Phone   Fax Numbers		
Contact 1 Email address		
Contact Person 2		
Contact 2 Phone   Fax Numbers		
Contact 2 Email Address		
Type of Business		
Original Amount of Contract		
Number of claims and or disputes by either party		
Identify any subcontractors performing 20% or more of contracted work		
Application Software Supplied/Services Provided	Project Date and Duration	

By signing this form, Vendor acknowledges and gives AOC permission to contact the Reference listed above at AOC's convenience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title