

VENDOR BUSINESS REFERENCE FORM

Name of Proposing Vendor		
Work Performed As	<input type="checkbox"/> Prime Vendor	<input type="checkbox"/> Subcontractor
Reference Name		
Contact Person 1		
Contact 1 Telephone Fax Numbers		
Contact 1 E-Mail Address		
Contact Person 2		
Contact 2 Telephone Fax Numbers		
Contact 2 E-Mail Address		
Type of Business		
Original Amount of Contract		
Number of Claims and/or Disputes by Either Party		
Names of Single Subcontractor(s) 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.

Vendor Signature

Date

Printed Name

Title