

**VENDOR BUSINESS REFERENCE FORM**

Name of Proposing Vendor		
Work Performed As	<input type="checkbox"/> Prime Vendor	<input type="checkbox"/> Subcontractor
Client 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 client reference listed above at AOC's convenience.

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title