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| WI State Seal IBMState of Wisconsin | State Bureau of Procurement |
| Department of Administration | 101 E. Wilson St. / P. O. Box 7867 |
| Division of Enterprise Operations | Madison, WI 53707-7886 |
| DOA-3478 (R06/2013) | (608) 266-2605 / FAX (608) 267-0600 |

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|  | Bid / Proposal # | ETG0013 |

VENDOR REFERENCE

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| FOR VENDOR: |       |
| Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) used for four (4) or more installations with requirements similar to those included in this solicitation document. If vendor is proposing any arrangement involving a third party, the named references should also be involved in a similar arrangement. |
| Company Name |       |
| Address (include Zip + 4) |       |
| Contact Person |       | Phone No. |       |
| Email Address |       |  |
| List Product(s) and/or Service(s) Used: |
|       |
| Company Name |       |
| Address (include Zip + 4) |       |
| Contact Person |       | Phone No. |       |
| Email Address |       |  |
| List Product(s) and/or Service(s) Used: |
|       |
| **Company Name** |       |
| Address (include Zip + 4) |       |
| Contact Person |       | Phone No. |       |
| Email Address |       |  |
| List Product(s) and/or Service(s) Used: |
|       |
| Company Name |       |
| Address (include Zip + 4) |       |
| Contact Person |       | Phone No. |       |
| Email Address |       |  |
| List Product(s) and/or Service(s) Used: |
|       |

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