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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 # | ETG0004/ETG0006 |

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: | | | | |
|  | | | | |

This document can be made available in accessible formats to qualified individuals with disabilities.