STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF ENTERPRISE OPERATIONS DOA-3478 (R06/2013)



STATE BUREAU OF PROCUREMENT 101 E. WILSON ST. / P. O. BOX 7867 MADISON, WI 53707-7886 (608) 266-2605 / FAX (608) 267-0600

Bid / Proposal # ETE0020

## **VENDOR REFERENCE**

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	<b>5</b>	
Email Address		
List Product(s) and/or Service(s) Used:		
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		
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:		