



EXHIBIT C

REFERENCE FORM

Vending Machine Services

ITB #12-09-43101

Company Name: _____

Contact Name: _____

Contact Title: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Email Address: _____

Type of Services Provided: _____

Date Services Performed: Start Date: _____ End Date: _____

Size of Facility: _____ Contract Value: \$ _____