

PAST CONTRACTUAL PERFORMANCE

SECTION ONE: ABOUT YOUR COMPANY

PLEASE PREPARE AND DISTRIBUTE A PAST PERFORMANCE EVALUATION ON MY COMPANY, AS LISTED BELOW:

YOUR COMPANY NAME

DUNS NUMBER

YOUR COMPANY STREET ADDRESS

CITY, STATE, ZIP

YOUR COMPANY PHONE NUMBER

YOUR COMPANY FAX NUMBER

YOUR PERSONAL/CONTACT NAME

YOUR TITLE

YOUR E-MAIL ADDRESS

If you don't know your company's DUNS number, go to: <http://dnb.com/dnbhome.htm>

SECTION TWO: THE RECIPIENT OF THE INFORMATION

PROVIDE ONE COPY OF THE PAST PERFORMANCE EVALUATION REPORT ON MY COMPANY TO THE FOLLOWING (One copy of the Past Contractual Performance Evaluation Report will be forwarded by Open Ratings via e: mail to the company Point of Contact listed in Section 1 and one copy will be e: mailed to the following Government office):

ORGANIZATION

General Services Administration – Federal Supply Service (6FG-C)

STREET ADDRESS

1500 E. Bannister Road

CITY, STATE, ZIP

Kansas City, MO 64131

PHONE NUMBER

816 926 1366

COMPANY FAX NUMBER

816 823 1608

CONTACT NAME/ATTENTION TO

Past Performance Team (VETS or Alliant SB)

E-MAIL ADDRESS

vetsgwac@gsa.gov or sbgwac@gsa.gov

SECTION THREE: PAYMENT INFORMATION

BILL TO MY CREDIT CARD: AMERICAN EXPRESS VISA MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: _____
NAME ON CARD: _____

~ OR ~

ENCLOSED IS MY COMPANY CHECK MADE PAYABLE TO:
(Please include a copy of the check if faxing or emailing application form)

OPEN RATINGS, INC.

600 First Avenue N., #200

St. Petersburg, FL 33701

SUBMISSION OF PAYMENT INFORMATION CONSTITUTES AGREEMENT TO PAY \$125 FOR THE PREPARATION/DISTRIBUTION OF MY PAST PERFORMANCE EVALUATION, COPIES OF WHICH WILL BE PROVIDED BOTH TO MY COMPANY AND THE COMPANY IDENTIFIED IN SECTION TWO ABOVE. I ALSO AGREE TO PAY \$25 FOR EACH ADDITIONAL COPY THAT I MIGHT ORDER AT A LATER DATE.

This report will be provided under contract solely for use by the customer and may not be reproduced in whole or part in any manner whatsoever.

QUESTIONS? CALL 727-329-1184

SECTION FOUR: PAST CONTRACTUAL PERFORMANCE REFERENCES

Please provide up to 20, and no less than four (more than four facilitates the process greatly), of your external customers to be surveyed that you have done business with in the past three years. External customers listed must be person(s) who have purchased services from your company. They must be customers you've sold services to, NOT vendors you've bought from.

ALL FIELDS ARE REQUIRED

1. CUSTOMER NAME:
NAME OF CONTACT:
PHONE:
E-MAIL ADDRESS:

2. CUSTOMER NAME:
NAME OF CONTACT:
PHONE:
E-MAIL ADDRESS:

3. CUSTOMER NAME:
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19. CUSTOMER NAME:
NAME OF CONTACT:
PHONE:
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20. CUSTOMER NAME:
NAME OF CONTACT:
PHONE:
E-MAIL ADDRESS:

REFERENCE: GSA GWAC