



ATTACHMENT 1: REFERENCE FORM (ONE PAGE)

Your firm has been identified as a current client of the below named Vendor. The Vendor is interested in submitting a bid in response to Pima County's IFB 193855. This form will be used by the County in evaluating the capabilities of the vendor and product quality. Pima County appreciates your time and effort.

PLEASE COMPLETE EACH AND EVERY SECTION.

Section 1>

Name of Vendor for whom reference is given: _____

Your firm's business name: _____

Your Name and title: _____

Telephone number: _____ E-Mail address: _____

Section 2>

- Has the Vendor provided your organization with **Printer/Fax Machine OEM New Toner Cartridges** for a one-year period or longer? If yes, Please specify the time frame (Month/Year):

No -OR- Yes Product has been provided from _____ to _____

Estimated Quantity of New OEM Toner Cartridges delivered per month: _____

Estimated Annual Rebate for returned/recycled cartridges: \$ _____

- Has the Vendor provided your organization with **Printer/Fax Machine Remanufactured Toner Cartridges** for a one-year period or longer? If yes, Please specify the time frame (Month/Year):

No -OR- Yes Product has been provided from _____ to _____

Estimated Quantity of Remanufactured Toner Cartridges delivered per month: _____

Estimated Annual Rebate for returned/recycled cartridges: \$ _____

Place a check mark in all applicable boxes for each brand of Printer/Fax machine Toner Cartridges provided to your organization by the Vendor:

<input type="checkbox"/>	Hewlett Packard	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Cannon	<input type="checkbox"/>	Lexmark	<input type="checkbox"/>	Panasonic	<input type="checkbox"/>	Other
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Section 3>

PLEASE RATE THE FOLLOWING ITEMS (circle one):

	<i>Unsatisfactory</i>	<i>Below Average</i>	<i>Average</i>	<i>Above Average</i>	<i>Exceptional</i>
1. Overall Satisfaction with quality of products:	0	1	2	3	4
2. Overall Satisfaction with services received from: Vendor including, ordering, delivery, returns, billing and resolving issues.	0	1	2	3	4

Comments: _____

Section 4>

Your Signature: _____

Please return this completed and signed original form to the Vendor for whom this reference is given.

END OF ATTACHMENT 1