

**Exhibit B**

**Vendor Information**

(Please complete all information below and submit with your SOQ)

---

**Company Name**

The undersigned affirms they are duly authorized to execute this contract after notification that the Proposer has been identified by Caldwell County as the Most Qualified Engineering Firm. By submitting this Proposal the Respondent agrees to all specifications, terms and conditions set forth in this Request for Qualifications. Caldwell County reserves the right to accept or reject any and/or all Statements of Qualifications and to waive any irregularities.

---

Print Name (person authorized to sign proposal)

Title

---

Signature (person authorized to sign proposal)

Date

---

**Primary Contact for Proposer**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_