

Attestation of Offeror's Understanding and Agreement to Comply

By signing below, I hereby affirm that I have read, understand, and will comply with the material requirements and specifications for the EBT system as set forth in Sections 3 through 11 of this RFP and the State Appendices.

Authorized Signature: _____

Signed By (print name and title): _____

Vendor Name: _____

Date: _____

Corporate, Partnership or Individual Acknowledgement

STATE OF _____)

) SS.:

COUNTY OF _____)

[Check One]

If an individual: On this _____ day of _____, 20__, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and (s)he acknowledged to me that (s)he executed the same.

If a corporation: On this _____ day of _____, 20__, before me personally came _____, to me known who being duly sworn, did depose and say that (s)he resides in _____; that (s)he is the _____ of the _____, the

corporation described in and which executed the foregoing instrument; that (s)he knew the seal of said corporation; that the seal affixed to said instrument was such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that (s)he signed her/his name thereto by like order.

If a partnership: On this _____ day of _____, 20__, before me personally came _____, to me known and known to me to be the person who executed the above instrument, who, being duly sworn by me, did for herself/himself depose and say that (s)he is a member of the firm of _____, and that (s)he executed the foregoing instrument in the firm name of _____, and that (s)he had authority to sign same, and (s)he did duly acknowledge to me that (s)he executed the same as the act and deed of said firm of _____, for the uses and purposes mentioned therein.

Signature of Notary Public

Printed name of Notary Public: _____

Notary Public, In and for the County of _____

State of _____

My commission expires: _____

Notary Seal