

APPENDIX C

Vendor Contact List

Contacts to be identified by Vendor as part of the "SAP AG – Interface Certification Agreement" so that timely contact between SAP and Vendor is possible when it becomes necessary:

1. Integration Project Lead

Name: _____
Company: _____
Street: _____
ZIP/City: _____
Phone: _____
Mobile: _____
Email: _____

2. Technical & Support Services (mandatory)

Name: _____
Company: _____
Street: _____
ZIP/City: _____
Phone: _____
Mobile: _____
Email: _____

3. Business Development

Name: _____
Company: _____
Street: _____
ZIP/City: _____
Phone: _____
Mobile: _____
Email: _____

4. Marketing Director

Name: _____
Company: _____
Street: _____
ZIP/City: _____
Phone: _____
Mobile: _____
Email: _____

Vendor agrees to report changes to SAP within a reasonable time frame.