

Please complete both pages of this Appendix E and send a copy of it, the signed Interpreter Services Agreement, and *if applicable* a copy of your tax exempt certificate to Language Line Services, Attn: Contract Administration Department, One Lower Ragsdale Drive, Bldg. 2, Monterey, CA 93940.

PARENT Company: State of Texas (1027)

ORGANIZATION NAME/LOCATION FOR THIS ACCOUNT:

(If different than parent company for example ABC Bank, Monterey Branch)

OPERATIONS CONTACT

Name: _____ Title: _____
Telephone _____ Fax _____
E-Mail: _____
Address: _____
City _____ State/Province _____ Zip/Postal _____

BILLING CONTACT same as operations contact

Name _____ Title _____
Telephone _____ Fax _____
E-Mail _____
Address _____
City _____ State/Province _____ Zip/Postal _____

TRAINING CONTACT same as billing contact same as operations contact

Name _____ Title _____
Telephone _____ Fax _____
E-Mail _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____

PUBLIC RELATIONS CONTACT same as billing contact same as operations contact

Internal PR Contact PR Firm Company Name _____ Title _____
Telephone _____ Fax _____
E-Mail _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____

