

By signature below, the undersigned certifies on behalf of Vendor that the information in this form is true, complete, and accurate and that I am authorized by Vendor to make this certification and all consents and agreements contained herein.

HopSkipDrive
Vendor Name

360 E 2nd St., Suite 200, Los Angeles, CA 90012
Address, City, State, and Zip Code

(844) 467-7547
Phone Number

Signed by:
Saad Shahzad
Signature of Authorized Company

Saad Shahzad
Official Printed Name

8/28/2024
Date

rfp@hopskipdrive.com
E-mail address