**Attachment 12**

**CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION**

**(for ordering and contract administration purposes)**

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| **CONTRACTOR/COMPANY INFORMATION** |
| Company Name:  |       |
| Address (from first page of bid):  |       |
| Company Website:  |       |
| Federal ID #:  |       |
| NYS Vendor ID #:  |       |
| Contract Administrator Name: |       |
| Title: |       |
| Email:  |       |
| Phone:  |       |
| Toll Free Phone:  |       |

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| **SALES/BILLING (if different from above)** |
| Contact Name:  |       |
| Title:  |       |
| Address:  |       |
| Email:  |       |
| Phone:  |       |
| Toll Free Phone:  |       |

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| **EMERGENCIES**  |
| Contact Name:  |       |
| Title:  |       |
| Address:  |       |
| Email:  |       |
| Phone:  |       |
| Cell Phone:  |       |

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| **RESELLER/DISTRIBUTOR INFORMATION** |
| Company Name:  |       |
| Address:  |       |
| Federal ID #:  |       |
| NYS Vendor ID #:  |       |
| Contact Name:  |       |
| Title:  |       |
| Email:  |       |
| Hours of Availability:  |       |
| Phone:  |       |
| MWBE and/or SDVOB Certification:  | [ ]  NYS Certified Women Owned [ ]  NYS Certified Minority Owned [ ]  SDVOB |
| SBE:  | [ ] NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | [ ] Take orders [ ]  Ship Direct [ ]  Receive Payment \*  |
| Restrictions Applicable to this Reseller (if any):  |       |

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| **RESELLER/DISTRIBUTOR INFORMATION** |
| Company Name:  |       |
| Address:  |       |
| Federal ID #:  |       |
| NYS Vendor ID #:  |       |
| Contact Name:  |       |
| Title:  |       |
| Email:  |       |
| Hours of Availability:  |       |
| Phone:  |       |
| MWBE and/or SDVOB Certification:  | [ ]  NYS Certified Women Owned [ ]  NYS Certified Minority Owned [ ]  SDVOB |
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| Phone:  |       |
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| Phone:  |       |
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| Title:  |       |
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