**ATTACHMENT 9**

**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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