**ATTACHMENT 9**

**AUTHORIZED DEALER/DISTRIBUTOR INFORMATION**

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

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| **CONTRACTOR INFORMATION** | |
| Company Name: |  |
| NYS Contract Number: |  |

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| **DEALER/DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Dealer or Distributor? | Dealer  Distributor |
| Qualifying Criteria Applicable to this Dealer/Distributor: |  |
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