## ATTACHMENT 10 CONTRACTOR/RESELLER/DISTRIBUTOR INFORMATION (for ordering and contract administration purposes)

| CONTRACTOR/COMPANY INFORMATION    |                                   |
|-----------------------------------|-----------------------------------|
| Company Name:                     | Bimbo Bakeries USA, Inc.          |
| Address (from first page of bid): | 1 Petra Lane, Albany, NY 12205    |
| Company Website:                  | https://www.bimbobakeriesusa.com/ |
| Federal ID #:                     | 75-2491201                        |
| NYS Vendor ID #:                  | 1100111363                        |
| Contract Administrator Name:      | Edward Pinkerton                  |
| Title:                            | Senior Manager Food Service       |
| Email:                            | edward.pinkerton@grupobimbo.com   |
| Phone:                            | 518-456-4958 x.21                 |
| Toll Free Phone:                  | 800-818-4772 x.21                 |
|                                   |                                   |

| EMERGENCIES   |                                 |
|---------------|---------------------------------|
| Contact Name: | Edward Pinkerton                |
| Title:        | Senior Manager Food Service     |
| Address:      | 1 Petra Lane, Albany, NY 12205  |
| Email:        | edward.pinkerton@grupobimbo.com |
| Phone:        | 518-456-4958 x.21               |
| Cell Phone:   | 518-389-8409                    |

| 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): |  |

<sup>\*</sup>If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID

| 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): |  |
|  |  |
|  |  |
| 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      |
| ODE:   | 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): |  |

<sup>\*</sup>If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID

| 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         |
| WWW BE and/or OB VOB Continuation.                  | 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):  | Take orders   |
| Restrictions Applicable to this Reseiler (if arry). |   |
|   |   |
| 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         |
| WWW BE and/or 3D v OB Certification.                |   |
| SBE:  | Minority Owned SDVOB                                |
|   | □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):  |   |
|   |   |
| RESELLER/DISTRIBUTOR INFORMATION                    |   |
| Company Name:                                       |   |
| Address:  |   |
| Federal ID #:                                       |   |
| NYS Vendor ID #:                                    |   |
| Contact Name:                                       |   |
| Title:  |   |
|   |   |
| Email:  |   |
| Hours of Availability:                              |   |
| Phone:  | D NVC Contitional Warrant Course of D NVC Contition |
| MWBE and/or SDVOB Certification:                    | □ NYS Certified Women Owned □ NYS Certified         |
| ODE.  | 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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| Company Name:  |   |
| Address:   |   |
| Federal ID #:  |   |
| NYS Vendor ID #:   |   |
| Contact Name:  |   |
| Title:   |   |
| Email:   |   |
| Hours of Availability:                                   |   |
| Phone:   |   |
| MWBE and/or SDVOB Certification:                         | <ul> <li>□ NYS Certified Women Owned</li> <li>□ NYS Certified</li> <li>Minority Owned</li> <li>□ SDVOB</li> </ul> |
| 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):       |   |
|  |   |
| DECELLED/DICTRIBUTOR INCORMATION                         |   |
| 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   |
| WWWDE and/or SDVOD Gertification.                        | 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):       | Take diddio Edilp Blicat E Reserve i dyment   |
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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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