

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 |

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

| 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

*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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

*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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

*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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> 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: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

*If a Reseller is allowed to accept payment, they MUST have a NYS Vendor ID