

**ATTACHMENT 9
DISTRIBUTOR INFORMATION
(for ordering and contract administration purposes)**

CONTRACTOR INFORMATION	
Company Name:	
NYS Contract Number:	

DISTRIBUTOR INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Phone:	
Fax:	
Email:	
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)
Is Company an Authorized Distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Qualifying Criteria Applicable to this Distributor:	
Restrictions Applicable to this Distributor (if any):	

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Company Name:	
Address:	
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