

<b>Dealer/Distributor Information</b>	
<b>Contractor's General Commercial Qualifying Criteria for Dealers/Distributors:</b>	Attach additional sheets, if necessary.
<b>Dealer/Distributor</b>	
<b>(#1) Company Name:</b>	
<b>Address:</b>	
<b>FEDERAL ID #:</b>	
<b>NYS VENDOR ID#: (if receiving Payments)</b>	
<b>Contract Administrator Name:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>E-mail:</b>	
<b>FAX:</b>	
<b>Dealer/Distributor is Authorized to:</b>	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
<b>Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Qualifying Criteria Applicable to this Dealer/Distributor:</b>	

<b>Dealer/Distributor</b>	
<b>(#2) Company Name:</b>	
<b>Address:</b>	
<b>FEDERAL ID #:</b>	
<b>NYS VENDOR ID#: (if receiving Payments)</b>	
<b>Contract Administrator Name:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>E-mail:</b>	
<b>FAX:</b>	
<b>Dealer/Distributor is Authorized to:</b>	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
<b>Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Qualifying Criteria Applicable to this Dealer/Distributor:</b>	

<b>Dealer/Distributor</b>	
<b>(#3) Company Name:</b>	
<b>Address:</b>	
<b>FEDERAL ID #:</b>	
<b>NYS VENDOR ID#: (if receiving Payments)</b>	
<b>Contract Administrator Name:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>E-mail:</b>	
<b>FAX:</b>	
<b>Dealer/Distributor is Authorized to:</b>	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
<b>Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Qualifying Criteria Applicable to this Dealer/Distributor:</b>	

<b>Dealer/Distributor</b>	
<b>(#4) Company Name:</b>	
<b>Address:</b>	
<b>FEDERAL ID #:</b>	
<b>NYS VENDOR ID#: (if receiving Payments)</b>	
<b>Contract Administrator Name:</b>	
<b>Title:</b>	
<b>Telephone Number:</b>	
<b>E-mail:</b>	
<b>FAX:</b>	
<b>Dealer/Distributor is Authorized to:</b>	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
<b>Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Qualifying Criteria Applicable to this Dealer/Distributor:</b>	