This form is to allow for the addition of Dealers by Bidders Bidding/Contractors Bidding/Awarded Lot 1 Equipment Only.

1. In the section titled “Contractor,” Bidder/Contractor Shall insert:
2. Bidder/Contractor Name
3. Bidder/Contractor Address
4. Bidder/Contractor Federal ID # (FEIN):
5. Bidder/Contractor NYS Vendor ID #:
6. Bidder/Contractor Contract Administrator Name:
7. Bidder/Contractor Contract Administrator Title:
8. Bidder/Contractor Contract Administrator Phone #:
9. Bidder/Contractor Contract Administrator Email:
10. Bidder/Contractor contract toll free number for use by authorized users, and
11. Guaranteed Delivery (# of days)
12. In the section titled Dealer Information, Bidder/Contractor Shall insert:
13. Dealer Name:
14. Dealer Address:
15. Dealer Minority, Women, Small, or SDVOB Designation (if applicable):
16. Dealer Federal ID # (FEIN):
17. Dealer NYS Vendor ID #:
18. Dealer Reseller Administrator Name:
19. Dealer Administrator Title:
20. Dealer Administrator Phone #:
21. Dealer Administrator Email:
22. Dealer Administrator Fax (if available):
23. Dealer Qualifying Criteria:

Note; The Qualifying Criteria are the particular reasons, capacity, certifications, qualifications, etc. possessed by the Dealer which the Bidder/Contractor determined qualified the Dealer to be proposed for this bid/contract.

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| **Contractor Information** |
| **Bidder/Contractor Name:** |  |
| **Bidder/Contractor****NYS Contract #:** | PENDING DO NOT COMPLETE |
| **Bidder/Contactor Address:** |  |
|  |  |
|  |  |
| **Bidder/Contractor Federal ID #:** |  |
| **Bidder/Contractor** **NYS Vendor ID:** |  |
| **Bidder/Contractor****Contract Administrator Name:** |  |
| **Bidder/Contractor****Contract Administrator Title (e.g. Inside Sales Manager):** |  |
| **Bidder/Contractor** **Telephone Number:** |  |
| **Bidder/Contractor E-mail:** |  |
| **Contract “Toll” Free Support Number:** |  | **Guaranteed Product****Delivery Timeframe:** | **\_\_\_\_days ARO** |

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| **Dealer Information** |
| **Dealer Name:** |  |
| **Dealer Address:** |  |
|  |  |
| **Dealer Minority/Women Owned, NYS Small Business, or Service Disabled Veteran Owned Business?** **Indicate M, W, S, SDVOB or N/A** |  |
| **Dealer Federal ID #:** |  |
| **Dealer NYS Vendor ID:** |  |
| **Dealer Administrator Name:** |  |
|  **Dealer Administrator Title:** |  |
| **Telephone Number:** |  |
| **Dealer E-mail :** |  |
| **Dealer Qualifying Criteria:** |  |

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| **Dealer Information** |
| **Dealer Name:** |  |
| **Dealer Address:** |  |
|  |  |
| **Dealer Minority/Women Owned, Small Business or Service Disabled Veteran Owned Business?** **Indicate M, W, S, or SDVOB** |  |
| **Dealer Federal ID #:** |  |
| **Dealer NYS Vendor ID:** |  |
| **Dealer Administrator Name:** |  |
| **Dealer Administrator Title:** |  |
| **Dealer Telephone Number:** |  |
|  **Dealer E-mail:** |  |
| **Dealer Qualifying Criteria:** |  |

(\*Add additional dealers as necessary)