

Instructions: The information provided on this form by the resulting Contractor will be published with final contract documents. Therefore, Contractors are to fill these boxes out electronically. No handwritten forms will be accepted. When Contractor requests updates to this Attachment, Contractor will be required to use the latest form submitted to OGS for making its revisions.

**Attachment 9: Contractor, Reseller, Distributor & Authorized Dealer (AD) Information**

<b>Contractor Information (for Ordering and Contract Administration Purposes)</b>			
<b>Company Name:</b>	GLOBAL EQUIPMENT COMPANY INC.		
<b>Address:</b>	11 HARBOR PARK DRIVE PORT WASHINGTON NEW YORK 11050-4656		
<b>Federal ID #:</b>	11-3584699		
<b>NYS Vendor ID#:</b>	1000012358		
<b>NYS Certified Minority/Women Owned or Small Business Indicate M, W or S</b>			
<b>Contract Administrator Name:</b>	Laura Borrero		
<b>Title:</b>	Account Manager		
<b>Telephone Number:</b>	516-608-7107		
<b>E-mail:</b>	lborrero@globalindustrial.com		
<b>FAX:</b>	516-608-3541		
<b>Orders Placed Directly with Contractor <input checked="" type="checkbox"/></b>	<b>Orders Placed Directly with Reseller/Distributor/AD <input type="checkbox"/></b>		
<b>Contract "Toll" Free Support Number:</b>	800-231-3538 x 7107	<b>Product Delivery Timeframe:</b>	<b>Calendar days ARO</b>

**BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY**

<b>Reseller, Distributor or Authorized Dealer Information</b>			
<b>Company Name:</b>	Connetquot West, Inc.		
<b>Address:</b>	200 Allen Blvd Farmingdale, NY 11735		
<b>NYS Certified Minority/Women Owned or Small Business Indicate M, W or S</b>	M, W and S		
<b>Federal ID #:</b>	11-313-6568		
<b>NYS Vendor ID#:</b>	1000012111		
<b>Contract Administrator Name:</b>	Noah Lam		
<b>Title:</b>	President and CEO		
<b>Telephone Number:</b>	866-588-3888		
<b>E-mail:</b>	noahlam@cwiquality.com		
<b>FAX:</b>	631-844-9095		
<b>Reseller, Distributor or Authorized Dealer Information</b>			
<b>Company Name:</b>			
<b>Address:</b>			
<b>NYS Certified Minority/Women Owned or Small Business Indicate M, W or S</b>			
<b>Federal ID #:</b>			
<b>NYS Vendor ID#:</b>			
<b>Contract Administrator Name:</b>			
<b>Title:</b>			
<b>Telephone Number:</b>			
<b>E-mail:</b>			
<b>FAX:</b>			