

Dealer/Distributor Information	
Contractor's General Commercial Qualifying Criteria for Dealers/Distributors:	Attach additional sheets, if necessary.
Dealer/Distributor	
(#1) Company Name:	Bob Barker Company
Address:	134 N. Main Street Fuquay Varina, NC 27526
FEDERAL ID #:	56-1558062
NYS VENDOR ID#: (if receiving Payments)	1000009508
Contract Administrator Name:	Robyn Owens
Title:	Officer's Only Buyer
Telephone Number:	919-346-2135
E-mail:	robynowens@bobbarker.com
FAX:	919-346-2135
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Is Dealer/Distributor a NYS certified Minority and Women-owned Business Enterprise (M/WBE)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Qualifying Criteria Applicable to this Dealer/Distributor:	

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