

Dealer/Distributor Information	
Contractor's General Commercial Qualifying Criteria for Dealers/Distributors:	Attach additional sheets, if necessary.
Dealer/Distributor	
(#1) Company Name:	United Uniform Distribution, LLC
Address:	495 North French Buffalo, NY 14228
FEDERAL ID #:	81-0867283
NYS VENDOR ID#: (if receiving Payments)	1100160087
Contract Administrator Name:	Josh Muskat
Title:	President
Telephone Number:	716-691-4400
E-mail:	josh@uniteduniform.com
FAX:	716-691-1406
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" 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:	Service Center

Dealer/Distributor	
(#2) Company Name:	Atlantic Tactical Inc.
Address:	72-25 Queens Blvd Woodside, NY 11377
FEDERAL ID #:	23-2082171
NYS VENDOR ID#: (if receiving Payments)	1100007949
Contract Administrator Name:	Sean Conville
Title:	President
Telephone Number:	800-781-2677
E-mail:	sean.conville@atlantictactical.com
FAX:	717-774-4463
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" 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:	Service Center

Dealer/Distributor	
(#3) Company Name:	Charles Greenblatt, Inc.
Address:	34-36 Cain Drive Brentwood, NY 11717
FEDERAL ID #:	11-2150832
NYS VENDOR ID#: (if receiving Payments)	1000011503
Contract Administrator Name:	Matthew Greenblatt
Title:	President
Telephone Number:	631-231-4010
E-mail:	Cgi1947@aol.com
FAX:	631-231-4024
Dealer/Distributor is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input checked="" type="checkbox"/> Ship Direct <input checked="" 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:	Service Center

Dealer/Distributor	
(#4) 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:	