

**CONTRACTOR INFORMATION (for ordering and contract administration purposes)**

<b>CONTRACTOR/COMPANY INFORMATION</b>	
Company Name:	HACH COMPANY
Address (from first page of Bid):	5600 LINDBERGH DRIVE LOVELAND, CO 80538
Company Website:	WWW.HACH.COM
Federal ID #:	42-0704420
NYS Vendor ID #:	1000031751

<b>CENTRALIZED CONTRACT</b>			
Contract Administrator Name:	OLIVER WADOSCH		
Title:	BID SUPPORT SPECIALIST II		
Address:	5600 LINDBERGH DRIVE LOVELAND, CO 80538		
E-mail:	BIDS@HACH.COM		
Telephone Number:	800-227-4224	Fax Number:	970-461-3911
Toll Free Telephone Number:		Toll Free Fax Number:	

<b>SALES/BILLING (if different from above)</b>			
Contact Name:	CUSTOMER SUPPORT		
Title:	CS REP		
Address:	5600 LINDBERGH DRIVE LOVELAND, CO 80538		
E-mail:	SUPPORT@HACH.COM		
Telephone Number:	800-227-4224	Fax Number:	
Toll Free Telephone Number:		Toll Free Fax Number:	

<b>MAINTENANCE/SERVICE (if different from above)</b>			
Contact Name:	SERVICE DEPT		
Title:	SERVICE DEPT		
Address:	5600 L INDBERGH DRIVE LOVELAND, CO 80538		
E-mail:	SERVICES@HACH.COM		
Hours of Availability:	7AM - 5PM MDT		
Telephone Number:	800-227-4224	Fax Number:	
Toll Free Telephone Number:		Toll Free Fax Number:	

<b>EMERGENCIES</b>	
Contact Name:	DOMINIC ATTARDI
Phone:	800-227-4224
Cell Phone:	716-907-4101
Fax Number:	
E-Mail:	DATTARDI@HACH.COM

## RESELLER/DISTRIBUTOR INFORMATION

RESELLER/DISTRIBUTOR	
Company Name:	UTECH PRODUCTS, INC.
Address:	135 BROADWAY SCHENECTADY, NY 12305
Federal ID #:	14-1732592
NYS Vendor ID #:	14-1732592 (NYS utilizes this Fed ID # for identification purposes)
Contact Name:	ALEX BURNS
Title:	
E-mail:	ABURNS@UTECHPRODUCTS.COM
Hours of Availability:	BUSINESS HOUR - EDT
Telephone Number:	518-831-8041 Fax Number: 518-489-3772
MWBE Certification:	<input type="checkbox"/> Women owned <input checked="" type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input checked="" type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	Applies to Lab Instruments, Lab Chemicals, Reagents & Apparatus Only

RESELLER/DISTRIBUTOR	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR	
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Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment

Restrictions Applicable to this Reseller (if any):

**RESELLER/DISTRIBUTOR**

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Restrictions Applicable to this  
Reseller (if any):