

HOUSTON-GALVESTON AREA COUNCIL COOPERATIVE PURCHASING PROGRAM

PLANNED AUTHORIZED RETAILERS/DISTRIBUTORS/DEALER FORM

Provide a listing of all planned authorized retailers/distributors/dealers, etc. that may be used during the term of this contract to deliver goods or services. NOTE: awarded contractor remains responsible for all applicable terms of the contract. Form can be duplicated as necessary to include all companies anticipated.

| Company Name | | | |
|----------------------------|-------|------------|-----|
| Address | | | |
| City | State | | Zip |
| Phone Number | | Fax Number | |
| Contact Person | | | |
| Authorized Product/Service | | | |
| Tax ID (Attach W-9) | | | |
| Company Name | | | |
| Address | | | |
| City | State | | Zip |
| Phone Number | | Fax Number | |
| Contact Person | | | |
| Authorized Product/Service | | | |
| Tax ID (Attach W-9) | | | |
| Company Name | | | |
| Address | | | |
| City | State | | Zip |
| Phone Number | | Fax Number | |
| Contact Person | | | |
| Authorized Product/Service | | | |
| Tax ID (Attach W-9) | | | |