



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 Decker Enterprises, Inc
Address 10817 Williamson Lane
City Cockeysville State MD Zip 21030
Phone Number 410-527-2801 Fax Number 410-527-2803
Contact Person Jake Builock
Authorized Product/Service All machines on the ThorWorks SM10-20 contract
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)