



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 Sealworks Inc. DBA SealMaster
Address 555 Ludwig Ave
City Buffalo State NY Zip 14227
Phone Number 716-891-4197 Fax Number
Contact Person Conrad Kloc - conrad@sealmasterwny.com
Authorized Product/Service SealMaster Catalog
Tax ID (Attach W-9) 84-4013212

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)