

**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 **Southwest International Trucks, Inc.**

Address **3722 Irving Boulevard**

City **Dallas** State **Texas** Zip **75247**

Phone Number **214-689-1400** Fax Number **214-689-1421**

Contact Person **Ed Smith**

Authorized Product/Service **Class 4-8 Truck/Truck Chassis**

Tax ID (Attach W-9) **Yes**

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)