

**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 **VCI Emergency Vehicle Specialists LLC**Address **43 Jefferson Avenue**City **Berlin**State **NJ**Zip **08009**Phone Number **800-394-2162**Fax Number **856-768-6933**Contact Person **Milt Grimes**Authorized Product/Service **Ambulance Sales**Tax ID (Attach W-9) **22-3545075**

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

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