

**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 **Air-Care, Inc.**Address **3105 Geo. Washington Memorial Hwy**City **Hayes** State **VA** Zip **23072**Phone Number **804-642-9044** Fax Number **804-642-6426**Contact Person **Christopher Thomas**Authorized Product/Service **Fire Equipment Sales and 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

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