

**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)