



Contract Number: PC70284

AUTHORIZED DEALER LIST FORM

Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	
MWBE and/or SDVOB Certification:	NYS Certified Women Owned NYS Certified Minority Owned SDVOB
SBE:	NYS Small Business Enterprise (self- identified)
Reseller is Authorized to: (select all that apply)	Take Orders Ship Direct Receive Payment
Restrictions Applicable to this Reseller: (if any)	