**(Distributor to Affix Corporate Letterhead)**

|  |
| --- |
| INSTRUCTIONS: This "Distributor's Certificate" is to be forwarded to the Distributor by the Bidder/Contractor, completed, signed, placed on the Distributor’s Corporate Letterhead**,**  returned to the Bidder/Contractor by the Distributor, and submitted to Procurement Services. An authorized representative of the Distributor Must sign this certificate. |

|  |
| --- |
| BIDDER/CONTRACTOR INFORMATION |
| BIDDER’S/CONTRACTOR’S COMPANY NAME |  |
| STREET ADDRESS |  |
| CITY, STATE, ZIP |  |

|  |
| --- |
| Product Lines Certified |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| DISTRIBUTOR’S ATTESTATION |
| The Distributor executing this certificate by signature below does hereby attest to the accuracy and validity of the responses to the following questions: |
| 1. Is the Bidder/Contractor listed above authorized sell Distributor’s Products?
 | Yes [ ]  | No [ ]  |
| 2. Do you, as a Distributor, agree to supply the Bidder/Contractor with all quantities of items ordered pursuant to any resulting Contract with the State for the duration of the Contract Term? | Yes [ ]  | No [ ]  |
| DISTRIBUTOR’S COMPANY NAME |  |
| STREET ADDRESS |  |
| CITY, STATE ZIP |  |
| CONTACT PERSON |  |
| TELEPHONE NUMBER |  |
| EMAIL ADDRESS  |  |
| SIGNATURE OF AUTHORIZED DISTRIBUTOR’S REPRESENTATIVE |  |
| TITLE |  |
| DATE SIGNED |  |