**ATTACHMENT 9**

**DISTRIBUTOR INFORMATION**

**(for ordering and contract administration purposes)**

|  |  |
| --- | --- |
| **CONTRACTOR INFORMATION** | |
| Company Name: |  |
| NYS Contract Number: |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR/ INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |

|  |  |
| --- | --- |
| **DISTRIBUTOR INFORMATION** | |
| Company Name: |  |
| Address: |  |
| Federal ID #: |  |
| NYS Vendor ID #: |  |
| Contact Name: |  |
| Title: |  |
| Phone: |  |
| Fax: |  |
| Email: |  |
| MWBE and/or SDVOB Certification: | NYS Certified Women Owned  NYS Certified Minority Owned  SDVOB |
| SBE: | NYS Small Business Enterprise (self-identified) |
| Is Company an Authorized Distributor? | Yes  No |
| Qualifying Criteria Applicable to this Distributor: |  |
| Restrictions Applicable to this Distributor (if any): |  |