**ATTACHMENT 9**

**DISTRIBUTOR INFORMATION**

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

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

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| **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):  |       |

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