

ATTACHMENT 11
CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION
 (for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	
Address (from first page of bid):	
Company Website:	
Federal ID #:	
NYS Vendor ID #:	
Contract Administrator Name:	
Title:	
Email:	
Phone:	
Toll Free Phone:	

SALES/BILLING (if different from above)	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Toll Free Phone:	

EMERGENCIES	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Cell Phone:	

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

*In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own NYS Vendor ID #.

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