

**ATTACHMENT 10**  
**CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION**  
**(for ordering and contract administration purposes)**

<b>CONTRACTOR/COMPANY INFORMATION</b>	
Company Business Name:	
D/B/A – Doing Business As (if applicable):	
Address:	
Company Website:	
Federal Tax ID #:	
NYS Vendor ID #:	

<b>RESELLER/DISTRIBUTOR INFORMATION</b>	
Company Business Name:	
Address:	
Federal Tax 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):	

<b>RESELLER/DISTRIBUTOR INFORMATION</b>	
Company Business Name:	
Address:	
Federal Tax ID #:	
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Contact Name:	
Title:	
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Restrictions Applicable to this Reseller (if any):	

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

*23273\_Attachment 10\_Contractor\_Reseller\_Distributor\_Information*

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