



HOUSTON-GALVESTON AREA COUNCIL COOPERATIVE PURCHASING PROGRAM

PLANNED AUTHORIZED RETAILERS/DISTRIBUTORS/DEALER FORM

Provide a listing of all planned authorized retailers/distributors/dealers, etc. that may be used during the term of this contract to deliver goods or services. NOTE: awarded contractor remains responsible for all applicable terms of the contract. Form can be duplicated as necessary to include all companies anticipated.

Company Name Air-Care, Inc.

Address 3105 Geo. Washington Memorial Hwy

City Hayes State VA Zip 23072

Phone Number 804-642-9044 Fax Number 804-642-6426

Contact Person Christopher Thomas

Authorized Product/Service Fire Equipment Sales and Service

Tax ID (Attach W-9)

Company Name

Address

City State Zip

Phone Number Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)

Company Name

Address

City State Zip

Phone Number Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)