

**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 **Struthers Recreation LLC**Address **220 Applegate Trace**City **Pelham** State **AL** Zip **35124**Phone Number **800-221-8869** Fax NumberContact Person **Craig Struthers**Authorized Product/Service **PR11-20 A08 Cedar Forest Products**Tax ID (Attach W-9) **85-3224278**

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)