

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 Decker Enterprises, Inc

Address 10817 Williamson Lane

City Cockeysville State MD Zip 21030

Phone Number 410-527-2801 Fax Number 410-527-2803

Contact Person Jake Builock

Authorized Product/Service All machines on the ThorWorks SM10-20 Contract

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)