



**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 **Patriot Fire**

Address **215 Pullmans Crossing**

City **Grasonville** State **MD**

Zip **21638**

Phone Number **(443) 534-1392**

Fax Number

Contact Person **Tim Daly**

tdaly@patriotfireusa.com

Authorized Product/Service **EMS Vehicles**

Tax ID (Attach W-9) **27-0979164**