

**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 **All Source Enterprises, LLC DBA Safe Industries (Please List Name as Safe Industries**

Address **5031 SC-153**

City **Easley** State **SC** Zip **29642**

Phone Number **877-997-7233 & 864-845-7175** Fax Number **864-845-7176**

Contact Person **Meredith Martin**

Authorized Product/Service **Road Rescue Emergency Vehicles**

Tax ID (Attach W-9)

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Company Name

Address

City State Zip

Phone Number Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)

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Company Name

Address

City State Zip

Phone Number Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)