

**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

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)

Company Name

Address

City

State

Zip

Phone Number

Fax Number

Contact Person

Authorized Product/Service

Tax ID (Attach W-9)