

**AUTHORIZED SERVICING DEALER & MANUFACTURER  
REPRESENTATIVES FORM**

**SERVICING DEALERS**

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name                                   **(CLICK ON AUTHORIZED DEALER LINK)**  
Dealer Address  
City, State, Zip  
Office Phone/Fax  
Email Address  
Contact Person  
Vendor Tax ID Number

**MANUFACTURER REPRESENTATION**

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative:  
Position title:  
Address:

Service phone / fax:  
Cell phone / pager:  
Email address:  
Geographic area of territory:

THIS FORM MAY BE DUPLICATED AS NECESSARY