



**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY**

**33 WEST STATE STREET, P.O. BOX 039
TRENTON, NEW JERSEY 08625-0039**

DEALERS AND DISTRIBUTORS FORM

BID SOLICITATION #:	_____
BID SOLICITATION TITLE:	_____

VENDOR {BIDDER} NAME:	_____
VENDOR {BIDDER} ADDRESS:	_____
VENDOR {BIDDER} PHONE NUMBER:	_____
VENDOR {BIDDER} EMAIL:	_____

LIST ALL ENTITIES TO BE USED AS DEALERS AND OR DISTRIBUTORS

NAME:	_____
ADDRESS:	_____
CONTACT NAME:	_____
PHONE NUMBER:	_____
EMAIL:	_____
FEIN:	_____
MANUFACTURER / BRAND:	_____
REGION TO BE SERVED :	_____

NAME:	_____
ADDRESS:	_____
CONTACT NAME:	_____
PHONE NUMBER:	_____
EMAIL:	_____
FEIN:	_____
MANUFACTURER / BRAND:	_____
REGION TO BE SERVED:	_____

NAME:	_____
ADDRESS:	_____
CONTACT NAME:	_____
PHONE NUMBER:	_____
EMAIL:	_____
FEIN:	_____
MANUFACTURER / BRAND:	_____
REGION TO BE SERVED:	_____

Attach Additional Sheets If Necessary