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## Dealer of Record (DOR) Verification Form

Please read the criteria for submission before filling out form. Information is available online. [CLICK HERE](#)

Date \_\_\_\_\_

Sales Person Phone \_\_\_\_\_

Company \_\_\_\_\_

Company Website \_\_\_\_\_

Sales Person \_\_\_\_\_

Anticipated RFQ Date \_\_\_\_\_

RFQ/Gov. Bid # \_\_\_\_\_

### End User (Customer) Information

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City|State|Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Buying|Contracting Authority if Different From End User

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City|State|Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### Brief Description of The Sales Opportunity

