State of Arkansas
Attachment B - Dealer/Reseller Form
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DEALER/RESELLERS TO BE USED FOR THIS COOPERATIVE CONTRACT.

- ***Do not*** *include additional information relating to dealers/resellers on this form or as an attachment to this form.*

Type or Print the following information

Contractor Name: XEROX CORPORATION

Contractor Registration Number: 100000257

Dealer/Reseller's Company Name	Contact	Phone	Email	
XEROX CORPORATION	Michael Jackson	(501) 230-2794	Michael.Jackson@xerox.com	
North MS Business Products *(An Authorized Xerox Sales Agent)*	Mark Foster	(662) 627-1721	Mark.Foster@nmbp-copytime.com	
Total Document Solutions *(An Authorized Xerox Sales Agent)*	Tim Stanley	(479) 575-0770	tim@tdsit.com	
XMC *(An Authorized Xerox Sales Agent)*	Steve Little	(888) 814-3114	slittle@xmcinc.com	
Best Office Solutions *(An Authorized Xerox Sales Agent)*	Bob Valenta	(903) 796-7991	bob@getthebos.com	