

**BAY AREA CHEMICAL CONSORTIUM
STANDARD AGREEMENT, PAGE 1 OF 2
BID NO. 13-2026
SUPPLY AND DELIVERY OF SODIUM HYPOCHLORITE 12.5%**

I hereby agree to furnish SODIUM HYPOCHLORITE 12.5% identified in the attached bid forms, as solicited by the Bay Area Chemical Consortium (BACC), to one or more of the participating BACC Agencies.

Company: DURRANI INVESTMENT & CORP DBA CALIFORNIA CHEMICAL
Address: 5177 CHINO AVE,
City, State, ZIP: CHINO, CA, 91710
Phone: 424-292-3424
Email: Victoria.Ponce@californiachem.com
Authorized Representative: Victoria Ponce
Signature: *Victoria Ponce*
Date: 02-19-2026

WE ACKNOWLEDGE RECEIVING ADDENDUM/ADDENDA NUMBER _____ THROUGH _____.

SPECIFIC DEVIATIONS:

This box must be checked if bidder has any proposed specific deviations. Per Section 2.12 Proposed Deviations from the Specifications by the Bidder, the absence of a proposed change in the specifications will hold the bidder strictly accountable to the specifications as described in the bid document, including any addendum.

Describe the specific deviations below. A copy of the proposed specifications must be attached to this Standard Agreement at the time of submission, with bidder's name clearly shown on each document.

Description of Emergency Supply Plan: Provide a summary of vendor's plans to continue to supply product in the event of an unexpected disaster or urgent emergency event.

STANDARD AGREEMENT, PAGE 2 OF 2

BIDDER INFORMATION

- 1. Legal Name of Bidder: DURRANI INVESTMENTS CORP DBA CALIFORNIA CHEMICAL

- 2. Bidder's Street Address: 5177 CHINO AVE, CHINO, CA, 91710

- 3. Mailing Address: 5177 CHINO AVE, CHINO, CA, 91710

- 4. Business Telephone: 424-292-3424 Fax Number: _____

- 5. Type of Supplier:
 Sole Proprietor Partnership Corporation LLC
If Corporation, indicate State where incorporated: CALIFORNIA

- 6. Business License Number issued by the City where the Supplier's principal place of business is located.
Number: 49125 Issuing City: CHINO

- 7. Supplier Federal Tax Identification Number: 81-2876092

- 8. Emergency Contact: Name: AARON
Phone Number: 424-292-3424 EXT 141

- 9. Order Contact: Name: AARON
Address: 5177 CHINO AVE, CHINO, CA, 91710
Phone Number: 424-292-3424 EXT 141 Fax Number: _____
Email: AARON.K@CALIFORNIACHEMICAL.COM

- 10. References:

<u>Company/Agency Name</u>	<u>Contact Name</u>	<u>Phone Number</u>
1) <u>BELE CHEMICAL</u>	<u>LUKE ARWIN</u>	<u>+17138385949</u>
2) <u>SKY HAWK</u>	<u>VISHAL KABADIYA</u>	<u>+17139572200</u>
3) <u>CAL-COAST ACIDITING</u>	<u>JOHN</u>	<u>6617460489</u>

- 11. Chemical Manufacturer's name and address (if different from Bidder):

**Non-Collusion Affidavit
To Be Executed By Bidder and Submitted With Bid**

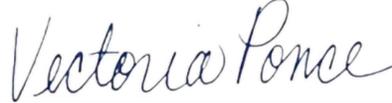
State of California)
) ss.
County of San Bernardino)

Victoria Ponce, being first duly sworn, deposes and says that he or she is the
(Bidder's Authorized Representative)

SR COMMERCIAL MANAGER of DURRANI INVESTMENTS CORP DBA CALIFORNIA CHEMICAL the party making the
(Title of Representative) (Legal Name of Bidder)

foregoing bid that the bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding; that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bid, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.



Signature of: President, Secretary,
Manager, Owner, or Representative

Subscribed and sworn to before me this, _____ day of _____, 20 ____

Signature of Notary Public In and For

The County of _____,

State of _____

All Signatures Must Be Witnessed By Notary