



Supplier Name: Ghost Inc.

Supplier ID #: 0000267778

Supplier Address: 929 N. Broadway Ave Ste A

City: Oklahoma City

State: OK

Zip Code: 73102 - 5810

Contact Person Name: Brian Barnes

Phone #: 1-405-605-8147

Title:

Fax #:

Email: brian@ghost.agency

Website:

Authorized Location: ☐ **Locations list attached as (*attachment title*)**

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-5711

Delivery: FOB Destination

Minimum Order: None

P/Card Accepted: ☒ Yes

☐ No

Other: Permits usage by other than State Agencies.