



**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](mailto: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.