

ATTACHMENT 12
CONTRACTOR and RESELLER INFORMATION
(for ordering and contract administration purposes)

| CONTRACTOR/COMPANY INFORMATION | |
|---------------------------------------|---|
| Company Name: | ESI Ergonomic Solutions D/B/A Fellowes Inc. |
| Address (from first page of bid): | 4030 E. Quenton Drive Mesa AZ 85215 |
| Company Website: | www.esiergo.com |
| Federal ID #: | 36-0770670 |
| NYS Vendor ID #: | 1000031405 |
| Contract Administrator Name: | Lee Norton Mauney |
| Title: | Gov. Sales Specialist |
| Email: | Lmauney@esiergo.com |
| Phone: | 936-870-5826 |
| Toll Free Phone: | 800-833-3746 |

| SALES/BILLING (if different from above) | |
|--|---|
| Contact Name: | Theresa Cacace |
| Title: | Gov. and Strategic Accts. Inside Sales Support Rep. |
| Address: | 4030 E. Quenton Drive Mesa AZ 85215 |
| Email: | tcacace@esiergo.com |
| Phone: | 480-424-6374 |
| Toll Free Phone: | 800-833-3746 |

| EMERGENCIES | |
|--------------------|--|
| Contact Name: | Melissa Fuller |
| Title: | State Local and Education Contract Manager |
| Address: | 4030 E. Quenton Drive Mesa AZ 85215 |
| Email: | mfuller@fellowes.com |
| Phone: | 812-639-8141 |
| Cell Phone: | 936-870-5826 |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Cueva Contract Inc. |
| Address: | 1016 Garden Road Utica NY 13501 |
| Federal ID #: | 47-3870041 |
| NYS Vendor ID #: | 1100152048 |
| Contact Name: | Laura Cueva |
| Title: | President |
| Email: | Laura.Cueva@Icontractfurniture.Com |
| Hours of Availability: | Monday – Saturday 7:00 Am – 6:00 P.M. |
| Phone: | 315-724-1985 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | DRB Business Interiors Inc. |
| Address: | 153 Regent Street Saratoga Springs NY 12866 |
| Federal ID #: | 26-4582111 |
| NYS Vendor ID #: | 1100034163 |
| Contact Name: | Dan Bullis |
| Title: | President |
| Email: | Dbullis@Drbbusinessinteriors.Com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 518-306-5233 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | LLV Office Concepts LLC |
| Address: | 29 Church Street Saratoga Springs NY 12866 |
| Federal ID #: | 27-0327635 |
| NYS Vendor ID #: | 1100052899 |
| Contact Name: | Thomas Tambasco |
| Title: | President |
| Email: | tomt@llvoc.com |
| Hours of Availability: | M-F 9:00 A.M. – 5:00 P.M. |
| Phone: | 518-587-0104 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | MMR Enterprises Inc. D/B/A Standard Commercial Interiors |
| Address: | 107 Champlain Street Albany NY 12204 |
| Federal ID #: | 14-1755454 |
| NYS Vendor ID #: | 1000027798 |
| Contact Name: | Megan Lanzetta |
| Title: | CEO |
| Email: | megan@scifurniture.com |
| Hours of Availability: | M-F 7:00 AM – 4:00 P.M. |
| Phone: | 518-433-0029 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

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| RESELLER INFORMATION | |
|--|---|
| Company Name: | Upstate Office Furniture USA |
| Address: | 718 Azon Road Johnson City NY 13790 |
| Federal ID #: | 16-1433004 |
| NYS Vendor ID #: | 1000015960 |
| Contact Name: | Sylvia Kerber |
| Title: | President |
| Email: | skerber@upstateofficefurniture.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 607-722-9234 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Roberts Office Interiors Inc. |
| Address: | 144 Hangar Road Rome NY 13440 |
| Federal ID #: | 16-1560364 |
| NYS Vendor ID #: | 1000029484 |
| Contact Name: | Jennifer Christmas |
| Title: | Sales Director |
| Email: | jennifer@roiofficeinteriors.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 315-334-1388 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Nickerson Corporation |
| Address: | 11 Moffitt Blvd Bayshore NY 11706 |
| Federal ID #: | 06-0905538 |
| NYS Vendor ID #: | 1000005344 |
| Contact Name: | Bruce Paci |
| Title: | Vice President |
| Email: | bpaci@nickersoncorp.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 631-666-0200 x230 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

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| RESELLER INFORMATION | |
|--|---|
| Company Name: | MidCity Office Equipment |
| Address: | 2496 Main Street Suite 240 Buffalo NY 14214 |
| Federal ID #: | 16-0972688 |
| NYS Vendor ID #: | 1000015120 |
| Contact Name: | Bob Palgutt |
| Title: | Sales |
| Email: | bp@midcityoffice.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 716-832-0138 X220 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Millington Lockwood Inc. |
| Address: | 3901 Genesee Street Suite 800 Buffalo NY 14225 |
| Federal ID #: | 16-0529380 |
| NYS Vendor ID #: | 1000007442 |
| Contact Name: | Michael Bonitatibus |
| Title: | President |
| Email: | mike@millingtonlockwood.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 716-633-5600 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | The Prentice Group of New York |
| Address: | 472 Franklin Street Buffalo NY 14225 |
| Federal ID #: | 46-4007932 |
| NYS Vendor ID #: | 1100111873 |
| Contact Name: | Jackie Flynn |
| Title: | Dir. Operations |
| Email: | jlf@prentice.us |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 716-884-8452 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

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| RESELLER INFORMATION | |
|--|--|
| Company Name: | Interior Solutions of WNY |
| Address: | 472 Franklin Street Buffalo NY 14202 |
| Federal ID #: | 11-3774585 |
| NYS Vendor ID #: | 1100044729 |
| Contact Name: | Jackie Flynn |
| Title: | Director Operations |
| Email: | jflynn@is-wny.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 716-332-0372 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Charlie's Office Furniture |
| Address: | 5 Highland Avenue Queensbury NY 12804 |
| Federal ID #: | 14-1736731 |
| NYS Vendor ID #: | 1100076990 |
| Contact Name: | Alyce McNeil |
| Title: | Vice President |
| Email: | alyce@charliesofficefurniture.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 518-793-2435 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Right Price Companies |
| Address: | 4726 South Salina Street Syracuse NY 13205 |
| Federal ID #: | 20-1275007 |
| NYS Vendor ID #: | 1100017204 |
| Contact Name: | Darin Price |
| Title: | CEO |
| Email: | ddprice@rightpricecompanies.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 315-701-2380 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

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| RESELLER INFORMATION | |
|--|---|
| Company Name: | Mazany Contract Interiors |
| Address: | 20 Carroll Street Jamestown NY 14701 |
| Federal ID #: | 16-1323994 |
| NYS Vendor ID #: | 1100006924 |
| Contact Name: | Ronald A. Mazany |
| Title: | President |
| Email: | rmazany@mazanyoffice.com |
| Hours of Availability: | M-F 9:00 A.M. – 5:00 P.M. |
| Phone: | 716-4871617 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Accent Commercial Furniture Inc. |
| Address: | 3 Interstate Ave Albany NY 12205 |
| Federal ID #: | 14-1620511 |
| NYS Vendor ID #: | 1000006902 |
| Contact Name: | Mike Gleasman |
| Title: | CEO |
| Email: | michael@accentny.com |
| Hours of Availability: | M-F 8:30 am – 5:00 pm |
| Phone: | 518-482-4000 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Alianza Services LLC |
| Address: | 74 N. Broadway Nyack NY 10960 |
| Federal ID #: | 33-1140326 |
| NYS Vendor ID #: | 1100044344 |
| Contact Name: | Dawn Cannon |
| Title: | VP Sales |
| Email: | dcanon@alianzacorp.com |
| Hours of Availability: | M-F 9-5 |
| Phone: | 845-675-7337 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Genesee Office Interiors Inc. |
| Address: | 565 Blossom Road Suite H Rochester NY 14610 |
| Federal ID #: | 16-1335890 |
| NYS Vendor ID #: | 1100038101 |
| Contact Name: | Marj Cunningham |
| Title: | President |
| Email: | goi@geneseeoffice.com |
| Hours of Availability: | 8 a.m. to 5 p.m. |
| Phone: | 585-224-8280 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Metropolitan Contract Furniture of NY Inc. |
| Address: | 266 Bells Pond Road Hudson NY 12534 |
| Federal ID #: | 46-1504646 |
| NYS Vendor ID #: | 1100078726 |
| Contact Name: | Karyl Julien |
| Title: | Owner / President |
| Email: | karyl@metroplitancontract.com |
| Hours of Availability: | M-F 9 – 5 |
| Phone: | 917-478-9933 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | EM & N Marketing Inc. |
| Address: | 127 Main Street Geneseo NY 14454 |
| Federal ID #: | 16-1608114 |
| NYS Vendor ID #: | 1100016792 |
| Contact Name: | Marcia Podhorecki |
| Title: | owner/president |
| Email: | marciap@rochester.rr.com |
| Hours of Availability: | 8-5 Mon-Friday |
| Phone: | 585-243-5835 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

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| RESELLER INFORMATION | |
|--|---|
| Company Name: | Merkel Donahue |
| Address: | 106 Despatch Drive #2 E. Rochester NY 14445 |
| Federal ID #: | 16-0866519 |
| NYS Vendor ID #: | 1000055180 |
| Contact Name: | Amy Lee |
| Title: | Principal |
| Email: | alee@merkel.com |
| Hours of Availability: | M – F 8 - 5 |
| Phone: | 585-325-3065 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | The Syracuse Business Center Inc. |
| Address: | 225 Wilkinson Street Syracuse NY 13204 |
| Federal ID #: | 16-1468448 |
| NYS Vendor ID #: | 1100144833 |
| Contact Name: | Melissa Losty |
| Title: | President |
| Email: | Melissa@syracusebusinesscenter.com |
| Hours of Availability: | M-F 8:00 am – 5:00 pm |
| Phone: | 315-422-1076 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Brontman's Corporate Dimensions |
| Address: | 3495 Winton Place Building A Suite 2 Rochester NY 14623 |
| Federal ID #: | 16-1138353 |
| NYS Vendor ID #: | 1100020539 |
| Contact Name: | Larry Brontman |
| Title: | President |
| Email: | larry@brontmans.com |
| Hours of Availability: | M-F 8:00 am – 5:00 pm |
| Phone: | 585-359-3040 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

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| RESELLER INFORMATION | |
|--|---|
| Company Name: | Hummel's Office Equipment Co. Inc. |
| Address: | 25 Canal St. Mohawk NY 13407 |
| Federal ID #: | 16-0960431 |
| NYS Vendor ID #: | 1000015083 |
| Contact Name: | Dan Stalteri |
| Title: | V.P. Contract Furniture |
| Email: | dans@hummelsop.com |
| Hours of Availability: | M – F 8 - 5 |
| Phone: | 315-866-4646 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Hudson Valley Office Furniture |
| Address: | 375 Main Mall Poughkeepsie NY 12601 |
| Federal ID #: | 14-1673799 |
| NYS Vendor ID #: | 1000014124 |
| Contact Name: | Steven Chickery |
| Title: | Owner |
| Email: | steven@thewowguys.com |
| Hours of Availability: | M – F 9 - 4 |
| Phone: | 845-471-7910 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Sedgwick Business Interiors LLC |
| Address: | 100 W Court St Syracuse NY 13202 |
| Federal ID #: | 16-1530910 |
| NYS Vendor ID #: | 1000016189 |
| Contact Name: | Doug Sedgwick |
| Title: | Principal |
| Email: | dsedgwick@sedgwickbusiness.com |
| Hours of Availability: | M – F 8 - 4 |
| Phone: | 315-424-1500 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Sustainable Office Solutions LLC |
| Address: | 910 Old Liverpool Road Liverpool NY 13088 |
| Federal ID #: | 27-1266448 |
| NYS Vendor ID #: | 1100021681 |
| Contact Name: | Andrew Picco |
| Title: | Owner |
| Email: | andyp@sustainableofficesolutions.com |
| Hours of Availability: | M-F 8 - 4 |
| Phone: | 315-579-7283 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Gholkar's Inc. |
| Address: | 7321 State Route 251 Victor NY 14564 |
| Federal ID #: | 16-1331985 |
| NYS Vendor ID #: | 1000015758 |
| Contact Name: | Preeya Gholkar |
| Title: | President |
| Email: | info@gholkars.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | (585) 924-2050 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Just the Right Stuff Inc. |
| Address: | 103 Twin Oaks Drive Syracuse NY 13206 |
| Federal ID #: | 16-1407121 |
| NYS Vendor ID #: | 1000029148 |
| Contact Name: | Neil Greeson |
| Title: | President |
| Email: | ngreeson@justtherightstuff.com |
| Hours of Availability: | M-F 9-4 |
| Phone: | 315-433-1309 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Facilities Equipment & Service Inc. |
| Address: | PO Box 235 Pittsford NY 14534 |
| Federal ID #: | 16-1117625 |
| NYS Vendor ID #: | 1000028685 |
| Contact Name: | Hal Blanding |
| Title: | President |
| Email: | Sbland6740@aol.com |
| Hours of Availability: | m-f 8:30 am – 4:00 pm |
| Phone: | 585 586-5420 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Best Source Office Supplies |
| Address: | 6 Frankfurt Rd Unit #202 Monroe NY 10950 |
| Federal ID #: | 26-2204035 |
| NYS Vendor ID #: | 1100220443 |
| Contact Name: | Charny Stauber |
| Title: | Accounts Receivable |
| Email: | charney@adasales.com |
| Hours of Availability: | M-F 9:30 – 5:00 |
| Phone: | 212-563-1929 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Seely Conover's Office Centre Inc. |
| Address: | 333 W. Main Street Amsterdam NY 12010 |
| Federal ID #: | 01-0566273 |
| NYS Vendor ID #: | 1000010877 |
| Contact Name: | Wayne Bovee |
| Title: | President |
| Email: | wbovee@seelyconover.com |
| Hours of Availability: | M-F 8 – 5 |
| Phone: | |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Absolute Office Furniture |
| Address: | 30 Melnick Drive Monsey NY 10952 |
| Federal ID #: | 26-2971135 |
| NYS Vendor ID #: | 1000019950 |
| Contact Name: | Jack Schwed |
| Title: | VP Sales |
| Email: | jack@of-usa.com |
| Hours of Availability: | M-T 9:30 - 4 F 8 -2 |
| Phone: | 845-425-2990 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Tech Valley Office Interiors |
| Address: | 30 Kraft Ave Albany NY 12205 |
| Federal ID #: | 20-5132568 |
| NYS Vendor ID #: | 1100003722 |
| Contact Name: | Rod Dion |
| Title: | President |
| Email: | rdion@tvoinu2u.com |
| Hours of Availability: | M – f 8-5 |
| Phone: | |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Long's Books and Cards |
| Address: | 115 Main Street Penn Yan NY 14527 |
| Federal ID #: | 16-1191154 |
| NYS Vendor ID #: | 1100217792 |
| Contact Name: | Jim Long |
| Title: | President |
| Email: | jim@longscardsandbooks.com |
| Hours of Availability: | M-F 8:30 – 6 |
| Phone: | 315-536-3131 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | LB's Furniture Solutions |
| Address: | 8 Clearview Drive Spencerport NY |
| Federal ID #: | 46-2025794 |
| NYS Vendor ID #: | 1100081265 |
| Contact Name: | Bill Sweetland |
| Title: | President |
| Email: | bill@solutionsatlbs.com |
| Hours of Availability: | M – F 8 - 5 |
| Phone: | 585-732-0505 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Buffalo Office Interiors Inc. |
| Address: | 1418 Niagara Street |
| Federal ID #: | 16-1169014 |
| NYS Vendor ID #: | 1000015490 |
| Contact Name: | Michael Cuvillo |
| Title: | Manager |
| Email: | mcuvillo@boisite.com |
| Hours of Availability: | M-F 8 - 5 |
| Phone: | 716-883-8222 ext. 33 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Mohawk Hospital Equipment Inc. |
| Address: | 335 Columbia Street Utica NY 13502 |
| Federal ID #: | 15-0618550 |
| NYS Vendor ID #: | 1000007394 |
| Contact Name: | Thomas Spellman CEO |
| Title: | CEO |
| Email: | tomspellman@mohawkhospital.com |
| Hours of Availability: | M – F 9 - 5 |
| Phone: | 315-797-0570 x214 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Intivity Inc. |
| Address: | 106 Despatch Dr. East Rochester NY 14445 |
| Federal ID #: | 16-1478699 |
| NYS Vendor ID #: | 1000008256 |
| Contact Name: | Fabricio S Morales |
| Title: | President |
| Email: | fmorales@intivity.com |
| Hours of Availability: | 8:00 am – 5:00 pm |
| Phone: | 585-673-2715 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Intivity Inc. |
| Address: | 1 Interstate Ave. Albany NY 12205 |
| Federal ID #: | 16-1478699 |
| NYS Vendor ID #: | 1000008256 |
| Contact Name: | Fabricio S Morales |
| Title: | President |
| Email: | fmorales@intivity.com |
| Hours of Availability: | 8:00 am – 5:00 pm |
| Phone: | 518-273-9359 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Intivity Inc. |
| Address: | 6804 Manlius Center Road E. Syracuse New York 13057 |
| Federal ID #: | 16-1478699 |
| NYS Vendor ID #: | 1000008256 |
| Contact Name: | Fabricio S Morales |
| Title: | President |
| Email: | fmorales@intivity.com |
| Hours of Availability: | 8:00 am – 5:00 pm |
| Phone: | 585-673-2715 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Claflin Service Company |
| Address: | 1206 Jefferson Blvd Warwick RI 02886 |
| Federal ID #: | 05-0377434 |
| NYS Vendor ID #: | 1000048972 |
| Contact Name: | Stefan Uvanni |
| Title: | Manager |
| Email: | suvanni@cmecorp.com |
| Hours of Availability: | M-F 8am-6pm |
| Phone: | 315-225-2578 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | No restrictions billing of in RI selling office in NY |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Nathan Office Interiors LLC |
| Address: | 16 Pine Hollow Road Slingerlands NY 12159 |
| Federal ID #: | 04-3834655 |
| NYS Vendor ID #: | 1000033455 |
| Contact Name: | William Nathan |
| Title: | Owner |
| Email: | Bill@nathanofficeinteriors.com |
| Hours of Availability: | M-F 8:30 a.m. – 5:00 pm |
| Phone: | 518-489-4499 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Eaton Office Supply Co. Inc. |
| Address: | 180 John Glenn Dr Tonawanda NY 14150 |
| Federal ID #: | 16-0417340 |
| NYS Vendor ID #: | 1000007435 |
| Contact Name: | Paul Nasca |
| Title: | Sales Manager |
| Email: | pnasca@eatonofficesupply.com |
| Hours of Availability: | M – F 8-5 |
| Phone: | 716-691-6100 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | DAF Office Networks |
| Address: | 6121 Jemola Runne Cicero NY 13039 |
| Federal ID #: | 34-2058675 |
| NYS Vendor ID #: | 1100181640 |
| Contact Name: | David Farabee |
| Title: | President |
| Email: | dfcbmf@aol.com |
| Hours of Availability: | M-F 8:30 A.M. – 5:00 P.M. |
| Phone: | 315-699-7070 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Workstation Consultants |
| Address: | 26 Gansevoort St. Albany NY 12202 |
| Federal ID #: | 46-1267961 |
| NYS Vendor ID #: | 1100168028 |
| Contact Name: | Kristin Liuzzi |
| Title: | Vice President |
| Email: | kristinliuzzi@workstationconsultants.com |
| Hours of Availability: | M-F/ 8a-5p |
| Phone: | 518-512-3446 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Caitlin Office Interiors & Design Inc. |
| Address: | 515 North Main Street Newark NY 14513 |
| Federal ID #: | 16-1579311 |
| NYS Vendor ID #: | 1000008406 |
| Contact Name: | Robert Bendix |
| Title: | Vice President |
| Email: | caitlin@eznet.net |
| Hours of Availability: | M-F 9 – 4 |
| Phone: | 315-331-0180 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 29 Mill Street Albany NY 12205 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Rene Murphy |
| Title: | Sales Manager |
| Email: | Rene.murphy@wbmason.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 518-469-4882 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 2855 Broadway Street Cheektowaga NY 14225 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Matt Hover |
| Title: | Sales Manager |
| Email: | matt.hover@wbmason.com |
| Hours of Availability: | M – F 8am-5pm |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 333 West Main Street Malone NY 12953 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Joshua Flanders |
| Title: | Sales manager |
| Email: | Joshua.Flanders@wbmason.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 219 Center Street Massena NY 13662 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Tom Sullivan |
| Title: | Sales Manager |
| Email: | Thomas.sullivan@wbmason.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 12 Jeanne Drive Newburgh NY 12550 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Josue Casildo |
| Title: | Sales Manager |
| Email: | josue.casildo@wbmason.com |
| Hours of Availability: | M-F 8-4 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 22 Veteran Drive Plattsburgh NY 12901 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Chris Giannetti |
| Title: | Sales Manager |
| Email: | chris.giannetti@wbmason.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 25 Vantage Point Drive Rochester NY 14624 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Benjamin Harrison |
| Title: | Sales Manager |
| Email: | benjamin.harrison@wbmason.com |
| Hours of Availability: | M-f 8-5 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 1200 State Fair Blvd Syracuse NY 13057 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Ross Langevin |
| Title: | Sales manager |
| Email: | ross.langevin@wbmason.com |
| Hours of Availability: | M-F 8-4 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 800 Starbuck Avenue Watertown NY 13601 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Tyler Prevost |
| Title: | Sr. Territory Manager |
| Email: | Tyler.prevost@wbmason.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Mason Co. Inc. |
| Address: | 379 Broad Street Waverly NY 14892 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Genny Whispel |
| Title: | Sales Manager |
| Email: | genny.whispel@wbmason.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 1-888-926-2766 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Elliott Interiors |
| Address: | 13 Duggan Lane Goshen NY 10924 |
| Federal ID #: | 36-4579574 |
| NYS Vendor ID #: | 1100227090 |
| Contact Name: | Dawn Elliott |
| Title: | Owner |
| Email: | elliottinteriors@yahoo.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 845-321-0219 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Workplace Interiors LLC |
| Address: | 400 Packetts Landing Fairport NY 14450 |
| Federal ID #: | 47-3430292 |
| NYS Vendor ID #: | 1100143379 |
| Contact Name: | Scott MacCaull |
| Title: | President |
| Email: | smaccaull@workplaceint.com |
| Hours of Availability: | 8am-5pm M-F |
| Phone: | 585-425-7420 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Office Environment Consulting Inc. |
| Address: | 1116 Freedom Drive Oneida NY 13421 |
| Federal ID #: | 16-1571340 |
| NYS Vendor ID #: | 1100209175 |
| Contact Name: | Michael Hall |
| Title: | President |
| Email: | mhall@workplacecubes.com |
| Hours of Availability: | M – f 8 am – 5 pm |
| Phone: | 315-361-4192 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Contract Interior Solutions |
| Address: | 45 Conewango Ave Jamestown NY 14701 |
| Federal ID #: | 47-2438174 |
| NYS Vendor ID #: | 1100155106 |
| Contact Name: | Mark Sanderson |
| Title: | Principal |
| Email: | marksanderson@cisevolve.com |
| Hours of Availability: | M-F 8 am – 4 pm |
| Phone: | 888-537-2247 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Business Furniture Inc. |
| Address: | 133 Rahway Avenue Elizabeth NJ 07272 |
| Federal ID #: | 22-1453912 |
| NYS Vendor ID #: | 1100011925 |
| Contact Name: | Ellin Hains |
| Title: | Branch Manager |
| Email: | echains@bfifurniture.com |
| Hours of Availability: | 9-5 |
| Phone: | 646-825-6265 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Farrell Flynnne |
| Address: | 251 North Ave West 2 nd Floor Westfield NJ 07090 |
| Federal ID #: | 82-2014215 |
| NYS Vendor ID #: | 1100206223 |
| Contact Name: | James Keenoy |
| Title: | President |
| Email: | jk@farrellynnne.com |
| Hours of Availability: | 9-5 M-F |
| Phone: | 609-234-3417 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Waldner's Business Environments |
| Address: | 125 Route 110 Farmingdale NY 11735 |
| Federal ID #: | 11-1554704 |
| NYS Vendor ID #: | 1000023854 |
| Contact Name: | Susan Kennedy |
| Title: | Executive Assistant |
| Email: | skennedy@waldners.com |
| Hours of Availability: | 8-4 |
| Phone: | 631-844-9348 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | The Prentice Group of NY D/B/A Prentice Office Environments |
| Address: | 472 Franklin St Buffalo NY 14225 |
| Federal ID #: | 46-4007932 |
| NYS Vendor ID #: | 1100111873 |
| Contact Name: | Jackie Flynn |
| Title: | Director of Operations |
| Email: | jlf@pretice.us |
| Hours of Availability: | 8-4 |
| Phone: | 716-884-8452 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | G&E Office World D/B/A Fern Office Supplies Inc |
| Address: | 169 Horton Drive NY 10952 |
| Federal ID #: | 13-3595713 |
| NYS Vendor ID #: | 1100063155 |
| Contact Name: | Sruly Landeau |
| Title: | Sales Manager |
| Email: | sruly@fernofficesupplies.com |
| Hours of Availability: | M-Th 9-4 |
| Phone: | 845-356-5000 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Indoff Inc. |
| Address: | PO Box 842808 Kansas City MO 64184 |
| Federal ID #: | 43-0964848 |
| NYS Vendor ID #: | 1000031793 |
| Contact Name: | Jermaine Stevens |
| Title: | Sales Partner |
| Email: | jermaine.stevens@indoff.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 845-797-1577 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Kimberly Scott Inc. |
| Address: | 904 Broadway Albany NY 12207 |
| Federal ID #: | 14-1743758 |
| NYS Vendor ID #: | 1000007121 |
| Contact Name: | Jeff Reilly |
| Title: | President |
| Email: | jreilly@kimberlyscott.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 518-256-3384 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Ziske-Kraftwerks Inc. |
| Address: | 92 Cooper Ave Tonawanda NY 14150 |
| Federal ID #: | 16-1385561 |
| NYS Vendor ID #: | 1000039809 |
| Contact Name: | Ann Marie Ziske |
| Title: | Vice President |
| Email: | annmariez@kraftwerks.net |
| Hours of Availability: | M-F 8-5 |
| Phone: | 716-876-9000 ext. 1011 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Andrew Draveck D/B/A Rochester Office Interiors |
| Address: | 80 Barker Rd Pittsford NY 14534 |
| Federal ID #: | 45-3910964 |
| NYS Vendor ID #: | 1100217792 |
| Contact Name: | Andrew Draveck |
| Title: | President |
| Email: | andrew@rochesterofficeinteriors.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 585-749-2428 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Creative Office Systems of New York Inc. |
| Address: | 1520 Crescent Rd Clifton Park NY 12605 |
| Federal ID #: | 14-1750355 |
| NYS Vendor ID #: | 1100038247 |
| Contact Name: | Eric Hornberger |
| Title: | Owner-President |
| Email: | creativeoffsys@cs.com |
| Hours of Availability: | m-f 8-4 |
| Phone: | 518-348-1240 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Pucci Carpet & Furniture Inc. |
| Address: | 112 W Main St Fredonia NY 14063 |
| Federal ID #: | 16-1386336 |
| NYS Vendor ID #: | 1000015866 |
| Contact Name: | Todd Schaefer |
| Title: | Sales Mgr. |
| Email: | todds@gotopuccis.com |
| Hours of Availability: | M-F 8-5 |
| Phone: | 716-401-9122 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | AFD Contract Furniture |
| Address: | 810 7 th Ave 8 th Fl New York NY 10019 |
| Federal ID #: | 13-3032681 |
| NYS Vendor ID #: | 1000026390 |
| Contact Name: | Joanne Miller |
| Title: | Purchasing |
| Email: | rsnyder@afd-inc.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-721-7100 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Arenson Office Furnishings Inc. |
| Address: | 90 Woodbridge Center Dr Woodbridge NJ 07095 |
| Federal ID #: | 13-3176355 |
| NYS Vendor ID #: | 1000012985 |
| Contact Name: | John Green |
| Title: | Purchasing |
| Email: | jgreen@aof.com |
| Hours of Availability: | 8-4 |
| Phone: | 732-393-7110 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Atlantic Group FPPM Inc. |
| Address: | 45 W. 45 th St 11 th Floor New York NY 10036 |
| Federal ID #: | 11-3290215 |
| NYS Vendor ID #: | 1100216530 |
| Contact Name: | Kelly Quinn |
| Title: | Purchasing |
| Email: | kquinn@atlanticgroupny.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-977-6688 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Benhar Office Interiors LLC |
| Address: | 148 w 37 th St 12fl New York NY 10010 |
| Federal ID #: | 20-0375182 |
| NYS Vendor ID #: | 1100136908 |
| Contact Name: | Mark Benhar |
| Title: | President |
| Email: | mbenhar@benharoffice.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-481-6666 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Business Environments |
| Address: | 2001 Waterview Plaza #5 Parsippany NJ 07054 |
| Federal ID #: | 20-3159991 |
| NYS Vendor ID #: | 1100025810 |
| Contact Name: | John Gardner |
| Title: | Principal |
| Email: | gardner@be0-furniture.com |
| Hours of Availability: | 8-4 |
| Phone: | 973-335-7700 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Empire Office |
| Address: | 105 Madison Ave 15 th Fl New York NY 10016 |
| Federal ID #: | 13-1945763 |
| NYS Vendor ID #: | 1100013749 |
| Contact Name: | Ervin Robertson |
| Title: | VP Gov Education & Healthcare |
| Email: | eroberson@empireoffice.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-607-5677 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | EvensonBest LLC |
| Address: | 641 Avenue of the Americas 6 th Fl New York NY 10011 |
| Federal ID #: | 13-3917122 |
| NYS Vendor ID #: | 1000006496 |
| Contact Name: | Michael Cignek |
| Title: | Chief Financial Officer |
| Email: | mciganek@evensonbest.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-549-8000 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Meadows Office Supply |
| Address: | 885 Third Ave 29 th FL New York NY 10022 |
| Federal ID #: | 13-2583670 |
| NYS Vendor ID #: | 1000012641 |
| Contact Name: | Dana Justus |
| Title: | Vice President |
| Email: | djustus@meadowsoffice.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-741-0333 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Office Limited Inc. |
| Address: | 76 Ninth Ave 3 rd Fl New York NY 10011 |
| Federal ID #: | 11-2314842 |
| NYS Vendor ID #: | 1000024116 |
| Contact Name: | Bruce Blueweiss |
| Title: | Principal |
| Email: | b.blueweiss@oliooffice.com |
| Hours of Availability: | 8-4 |
| Phone: | 646-731-6924 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | WB Wood NY LLC |
| Address: | 225 Part Ave Suite 201 New York NY 10033 |
| Federal ID #: | 20-2218703 |
| NYS Vendor ID #: | 1000008585 |
| Contact Name: | Hank Macallan |
| Title: | General Mgr. |
| Email: | hmcallen@wbwood.com |
| Hours of Availability: | 8-4 |
| Phone: | 212-206-9500 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Key International |
| Address: | 315 Madison Ave Suite 1801 New York NY 10021 |
| Federal ID #: | 11-3081244 |
| NYS Vendor ID #: | 1100189138 |
| Contact Name: | Justin DuBeau |
| Title: | Vice President |
| Email: | sales@key-intl.com |
| Hours of Availability: | 9-5 |
| Phone: | 212-661-2423 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Workspace Consulting Group |
| Address: | 1 Landmark Sq. 2nd Floor Stamford CT 06901 |
| Federal ID #: | 27-3088478 |
| NYS Vendor ID #: | 1100131588 |
| Contact Name: | Alexandra Schechtman |
| Title: | Account Support |
| Email: | alex@workspacecg.com |
| Hours of Availability: | M – F 8 - 4 |
| Phone: | 203-548-0305 |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input checked="" type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Southern Tier Contract |
| Address: | 805 Hatch Street Elmira NY 14901 |
| Federal ID #: | 16-1518298 |
| NYS Vendor ID #: | 1100108257 |
| Contact Name: | Kelly Swanson |
| Title: | Principal |
| Email: | Kelly@southerntiercontract.com |
| Hours of Availability: | M – F 8 - 4 |
| Phone: | 607-737-0644 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Syracuse Office Equipment Corp. |
| Address: | 375 Erie Blvd West Syracuse NY 13202 |
| Federal ID #: | 15-0510033 |
| NYS Vendor ID #: | 1000007334 |
| Contact Name: | Vince Sweeney |
| Title: | President |
| Email: | vsweeney@soesy.com |
| Hours of Availability: | M – F 8 - 4 |
| Phone: | 315-476-9091 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Furniture Pro Corp |
| Address: | 355 Spook Rock Road Suffern NY 10901 |
| Federal ID #: | 20-4425487 |
| NYS Vendor ID #: | 1100044884 |
| Contact Name: | David Ginsberg |
| Title: | Dir. Of Sales |
| Email: | Sales@FurnitureProCorp.com |
| Hours of Availability: | M – F 8 - 4 |
| Phone: | 845-362-2061 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Indoff, Inc. |
| Address: | 11816 Lackland Rd., St. Louis, MO 63146 |
| Federal ID #: | 43-0964848 |
| NYS Vendor ID #: | 1000031793 |
| Contact Name: | Amy Lefevre |
| Title: | Sales Partner |
| Email: | Amy.lefevre@indoff.com |
| Hours of Availability: | M – F 9 - 4 |
| Phone: | 315-316-0136 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Lane Office Furniture, Inc |
| Address: | 256 West 38 th St, New York, NY 10018 |
| Federal ID #: | 13-3680228 |
| NYS Vendor ID #: | 1000006437 |
| Contact Name: | Janett Florindo |
| Title: | Administrator |
| Email: | Janett@laneoffice.com |
| Hours of Availability: | M – F 9-5 |
| Phone: | 212-204-020 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Lane Office Furniture, Inc |
| Address: | 256 West 38 th St, New York, NY 10018 |
| Federal ID #: | 13-3680228 |
| NYS Vendor ID #: | 1000006437 |
| Contact Name: | Janett Florindo |
| Title: | Administrator |
| Email: | Janett@laneoffice.com |
| Hours of Availability: | M – F 9-5 |
| Phone: | 212-204-020 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | K&R Design Enterprises |
| Address: | PO Box 126, East Setauket, NY 11733 |
| Federal ID #: | 26-4806864 |
| NYS Vendor ID #: | 1100010832 |
| Contact Name: | Richard Papa |
| Title: | President |
| Email: | Rpapa192@aol.com |
| Hours of Availability: | Mon – Fri 8am-5pm |
| Phone: | 631-689-0664 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Davies Office |
| Address: | 40 Loudonville Road, Albany, NY 12204 |
| Federal ID #: | 14-1566162 |
| NYS Vendor ID #: | 1000006837 |
| Contact Name: | Evelyn Davies |
| Title: | President |
| Email: | evelyndavies@daviesoffice.com |
| Hours of Availability: | 8-5 |
| Phone: | |
| MWBE and/or SDVOB Certification: | <input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input checked="" type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input type="checkbox"/> Take orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Henricksen |
| Address: | 1040 Avenue of Americas, NY, NY 10018 |
| Federal ID #: | 36-2649935 |
| NYS Vendor ID #: | 1100113335 |
| Contact Name: | Keith Cooper |
| Title: | General Manager |
| Email: | k.cooper@henricksen.com |
| Hours of Availability: | M-F 9am – 5pm ET |
| Phone: | 212-897-9876 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Lewis Alan Office Furniture Inc. |
| Address: | 25 W. 31 st St., 9 th fl., NY, NY 10001 |
| Federal ID #: | 13-2933127 |
| NYS Vendor ID #: | 1100041158 |
| Contact Name: | Chris Stevenson |
| Title: | Principal |
| Email: | cstevenson@lewisstevenson.com |
| Hours of Availability: | M-F 8:00-5:30 |
| Phone: | 212-279-8200 x502 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB |
| SBE: | <input type="checkbox"/> NYS Small Business Enterprise (self-identified) |
| Reseller is Authorized to: (check all that apply) | <input checked="" type="checkbox"/> Take orders <input checked="" type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

If a Reseller is allowed to accept payment they MUST have a NYS Vendor ID