

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

| CONTRACTOR/COMPANY INFORMATION | |
|---------------------------------------|-------------------------------------|
| Company Name: | Arcadia Chair Company |
| Address (from first page of bid): | 5692 Fresca Drive La Palma CA 90623 |
| Company Website: | www.arcadiacontract.com |
| Federal ID #: | 95-2981958 |
| NYS Vendor ID #: | 1000042327 |
| Contract Administrator Name: | Pamela Angeles |
| Title: | Contract Management Administrator |
| Email: | pam@arcadiacontract.com |
| Phone: | (714) 562-8200 ext. 253 |
| Toll Free Phone: | 800-585-5957 |

| SALES/BILLING (if different from above) | |
|--|--|
| Contact Name: | |
| Title: | |
| Address: | |
| Email: | |
| Phone: | |
| Toll Free Phone: | |

| EMERGENCIES | |
|--------------------|-------------------------------------|
| Contact Name: | Chris Burgess |
| Title: | Executive Vice President |
| Address: | 5692 Fresca Drive La Palma CA 90623 |
| Email: | chrisb@arcadiacontract.com |
| Phone: | (714) 562-8200 |
| Cell Phone: | (714) 349-0838 |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | 7GENS LLC |
| Address: | 12587 Route 438 Irving NY 14081 |
| Federal ID #: | 35-2504634 |
| NYS Vendor ID #: | 1100209183 |
| Contact Name: | Michele Patti |
| Title: | Interior Designer |
| Email: | mpatti@7gensllc.com |
| Hours of Availability: | 8:00 – 5:00 |
| Phone: | 716-829-1781 |
| 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: | A.C. Desk Co. Inc. |
| Address: | 249 Elm Place Mineola NY 11501 |
| Federal ID #: | 11-2927139 |
| NYS Vendor ID #: | 1100108025 |
| Contact Name: | Denise Ingerman |
| Title: | Office Manager |
| Email: | dringerman@acdeskonline.com |
| Hours of Availability: | 8:30 – 5:00 (M – F) |
| Phone: | 516-741-7979 |
| 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: | Accent Commercial Furniture Inc. |
| Address: | 3 Interstate Avenue Albany NY 12205 |
| Federal ID #: | 14-1620511 |
| NYS Vendor ID #: | 1000006902 |
| Contact Name: | Michael Gleasman |
| Title: | CEO |
| Email: | michaelg@accentny.com |
| Hours of Availability: | All |
| 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 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 Inc. |
| Address: | 810 7 th Avenue New York NY 10019 |
| Federal ID #: | 13-3032681 |
| NYS Vendor ID #: | 1000026390 |
| Contact Name: | John Knopf |
| Title: | Controller |
| Email: | jknopf@afd-inc.com |
| Hours of Availability: | 9:00 – 5:00 (M – F) |
| 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 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: | Alianza Services LLC |
| Address: | 74 N. Broadway Nyack NY 10960 |
| Federal ID #: | 33-1140326 |
| NYS Vendor ID #: | 1100044344 |
| Contact Name: | Dawn Cannon |
| Title: | VP of Sales |
| Email: | dcannon@alianzacorp.com |
| Hours of Availability: | 9:00 – 5:00 |
| 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): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | A.R. Kropp LLC |
| Address: | 1515-B Fifth Industrial Court Bayside NY 11706 |
| Federal ID #: | 11-3557719 |
| NYS Vendor ID #: | 1100119502 |
| Contact Name: | Greg Kropp |
| Title: | Partner/CFO |
| Email: | gropkropp@arkshelving.com |
| Hours of Availability: | 8:00 – 6:00 (M – F) |
| Phone: | 631-549-9240 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input checked="" 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 type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Arenson Office Furnishings Inc. |
| Address: | 1115 Broadway 6 th Floor New York NY 10010 |
| Federal ID #: | 13-3176355 |
| NYS Vendor ID #: | 1000012985 |
| Contact Name: | Sue Marowitz |
| Title: | Vice President Operations |
| Email: | smarowitz@aof.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 212-633-2400 |
| 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: | Business Furniture Inc. |
| Address: | 133 Rahway Avenue Elizabeth NJ 07272 |
| Federal ID #: | 22-1453912 |
| NYS Vendor ID #: | 1100011925 |
| Contact Name: | Ellen Hains |
| Title: | Branch Manager |
| Email: | ehains@bfffurniture.com |
| Hours of Availability: | 9:00 – 5:00 |
| 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): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Brontman's Quality Discount Office Furniture Inc. |
| Address: | 3495 Winton Place Bldg. A Ste #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: | 8:00 – 5:00 (M – F) |
| 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): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Buffalo Office Interiors Inc. |
| Address: | 1418 Niagara Street Buffalo NY 14213 |
| Federal ID #: | 16-1169014 |
| NYS Vendor ID #: | 1000015490 |
| Contact Name: | Michael CuvIELLO |
| Title: | General Manager |
| Email: | mcuvIELLO@boisote.com |
| Hours of Availability: | 8:30 – 5:00 (M – F) |
| 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 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 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: | 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: | 9:00 – 4:00 |
| 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): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Charlie’s Office Furniture Inc. |
| 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: | 9:00 – 4:30 (M – F) |
| 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 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: | Complete Office Products Inc. |
| Address: | 793 McDonald Avenue Brooklyn NY 11218 |
| Federal ID #: | 11-2975952 |
| NYS Vendor ID #: | 1100007955 |
| Contact Name: | Isaac Tabak |
| Title: | President |
| Email: | isaac@completefurniture.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 718-436-8220 x203 |
| 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: | Concepts Office Furnishings Inc. |
| Address: | 280 N. Midland Avenue Building J Unit #204 Saddle Brook NJ 07663 |
| Federal ID #: | 13-2747664 |
| NYS Vendor ID #: | 1100012037 |
| Contact Name: | Aida DeSoto |
| Title: | President |
| Email: | adesoto@conceptsoffice.com |
| Hours of Availability: | 9:00 – 6:00 |
| Phone: | 201-727-9110 |
| 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 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: | Concordance Healthcare Solutions |
| Address: | 145 Huguenot Street Suite #108 New Rochelle NY 10801 |
| Federal ID #: | 38-3986849 |
| NYS Vendor ID #: | 1100181206 |
| Contact Name: | Anthony Laski |
| Title: | Finance Manager |
| Email: | alaski@concordancehs.com |
| Hours of Availability: | 9:00 – 5:00 (M – F) |
| Phone: | 914-819-1065 |
| 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: | Contract Interior Solutions LLC |
| Address: | P.O. Box 78 Lakewood NY 14750 |
| Federal ID #: | 47-2438174 |
| NYS Vendor ID #: | 1100155106 |
| Contact Name: | Mark Sanderson / Alex Reynolds |
| Title: | Members |
| Email: | marksanderson@cisevolve.com alexreynolds@cisevolve.com |
| Hours of Availability: | 9:00 – 5:00 |
| 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 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: | Creative Office Systems of New York |
| Address: | 1520 Crescent Road Clifton Park NY |
| Federal ID #: | 14-1750355 |
| NYS Vendor ID #: | 1100038247 |
| Contact Name: | Eric Hornberg |
| Title: | Owner |
| Email: | creativeoffsys@cs.com |
| Hours of Availability: | 8:00 – 5:00 |
| 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 checked="" type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Cueva Contract Inc. D/B/A Interior Innovations |
| Address: | 1016 Garden Road Utica NY 13501 |
| Federal ID #: | 47-3870041 |
| NYS Vendor ID #: | 1100152048 |
| Contact Name: | Laura Cueva |
| Title: | President |
| Email: | Laura.cueva@iicontractfurniture.com |
| Hours of Availability: | 7:00 – 6:00 (Mon. – Sat.) |
| 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): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Davies Office Inc. |
| 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: | 8:00 – 5:00 |
| 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 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: | Vice President |
| Email: | dbullis@drbbusinessinteriors.com |
| Hours of Availability: | 9:00 – 5:00 |
| 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: | Eaton Office Supply |
| Address: | 180 John Glenn Drive Amherst NY 14228 |
| Federal ID #: | 16-0417340 |
| NYS Vendor ID #: | 1000007435 |
| Contact Name: | Paul Nasca |
| Title: | Sales Manager |
| Email: | pnasca@eatonofficesupply.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| Phone: | 716-691-6100 ext. 336 |
| 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: | 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: | Marcia.podhorecki@ki.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| Phone: | 585-314-8482 |
| 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): | |

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

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Empire Office |
| Address: | 105 Madison Avenue New York NY 10016 |
| Federal ID #: | 13-1945763 |
| NYS Vendor ID #: | 1100013749 |
| Contact Name: | Ervin C. Roberson |
| Title: | Vice President – Government Education & Healthcare |
| Email: | eroberson@empireoffice.com |
| Hours of Availability: | 9:00 – 5:00 |
| 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 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: | EvensonBest |
| Address: | 641 Avenue of the Americas New York NY 10011 |
| Federal ID #: | 13-3917122 |
| NYS Vendor ID #: | 1000006496 |
| Contact Name: | Dominick Papaleo |
| Title: | Director of H.R. |
| Email: | dpapaleo@evensonbest.com |
| Hours of Availability: | 9:00 – 5:00 |
| 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 type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Intivity Inc. |
| Address: | 106 Dispatch Drive 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 – 5:00 |
| 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: | Intivity Inc. |
| Address: | 1 Interstate Avenue 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 – 5:00 |
| 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: | Furniture Pro Corp. |
| Address: | 355 Spook Rock Road Box #2 Suite I-503 Suffern NY 10901 |
| Federal ID #: | 20-4425487 |
| NYS Vendor ID #: | 1100044884 |
| Contact Name: | David Ginsberg or Esther Kalikstein |
| Title: | Sales |
| Email: | sales@furniturepro.net |
| Hours of Availability: | 9:00 – 5:00 |
| 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: | 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: | 8:00 – 5:00 |
| 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 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: | AT Equipment Sales, Inc. |
| Address: | 180 Brook Street, Suite B&C, Scarsdale NY 10583 |
| Federal ID #: | 262096001 |
| NYS Vendor ID #: | 1100027732 |
| Contact Name: | Stacy Steward |
| Title: | Accounts Manager |
| Email: | stacy@atequipmentsales.com |
| Hours of Availability: | Monday-Friday, 8am-5pm |
| Phone: | 914-472-7222 |
| 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: | Grassroots Contract Interiors |
| Address: | 737 Main Street Suite 175 Buffalo NY 14203 |
| Federal ID #: | 45-2396499 |
| NYS Vendor ID #: | 1100056068 |
| Contact Name: | Katherine Gunsolus |
| Title: | Principal |
| Email: | katherine@gcibuffalo.com |
| Hours of Availability: | 8:00 – 5:00 |
| Phone: | 716-247-5256 |
| 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: | Hudson Valley Office Furniture Inc. |
| Address: | 375 Main Street Poughkeepsie NY 12601 |
| Federal ID #: | 14-1673799 |
| NYS Vendor ID #: | 1000014124 |
| Contact Name: | John Chickerly |
| Title: | Vice President |
| Email: | john@thewowguys.com |
| Hours of Availability: | 8:30 – 5:00 (M – F) |
| 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 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: | Hummel's Office Equipment Co. Inc. |
| Address: | 25 Canal Street Mohawk NY 13407 |
| Federal ID #: | 16-0960431 |
| NYS Vendor ID #: | 1000015083 |
| Contact Name: | Daniel D. Stalteri |
| Title: | VP Contract Furniture |
| Email: | dans@hummelop.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| Phone: | 315-866-3860 |
| 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: | Interior Solutions of WNY LLC |
| Address: | 472 Franklin Street Buffalo NY 14202 |
| Federal ID #: | 11-3774585 |
| NYS Vendor ID #: | 1100044729 |
| Contact Name: | Jackie Flynn |
| Title: | Senior Project Manager |
| Email: | jflynn@is-wny.com |
| Hours of Availability: | 7:30 – 4:30 |
| 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 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: | 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: | Vice President |
| Email: | ngreeson@justtherightstuff.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| 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: | 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: | 8:00 – 5:00 |
| 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 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 type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Lane Office Furniture |
| Address: | 256 W. 38 th Street 5 th Floor New York NY 10018 |
| Federal ID #: | 13-3680228 |
| NYS Vendor ID #: | 1000006437 |
| Contact Name: | Daniel Hickey |
| Title: | President |
| Email: | dh@laneoffice.com |
| Hours of Availability: | All |
| Phone: | 212-233-4100 |
| 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: | LLV Office Concept 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: | 8:00 – 4:00 (M – F) |
| 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): | |

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

| 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: | 7am-4pm |
| 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 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: | Margen Designs Inc. |
| Address: | 2371 Jackson Avenue Seaford NY 11783 |
| Federal ID #: | 20-0371982 |
| NYS Vendor ID #: | 110056864 |
| Contact Name: | Maria Podesta |
| Title: | President |
| Email: | maria@margendesigns.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 516-315-9792 |
| 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: | Thomas Johnson Inc, dba Buffalo Interior Specialties |
| Address: | 4196 South Taylor Road, Orchard Park NY 14127 |
| Federal ID #: | 16-0868975 |
| NYS Vendor ID #: | 1000007560 |
| Contact Name: | Christine Klemp |
| Title: | Project Administrator |
| Email: | christine@thomasjohnsoninc.com |
| Hours of Availability: | 8:30am-4:30pm |
| Phone: | 716-662-4575 |
| 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): | |

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

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Mesa Contract |
| Address: | 4750 Shelburne Road Shelburne VT 05482 |
| Federal ID #: | 03-0360066 |
| NYS Vendor ID #: | 1000010971 |
| Contact Name: | Tim Williams |
| Title: | President |
| Email: | tim@mesacontract.com |
| Hours of Availability: | 8:00 – 5:00 |
| Phone: | 802-383-1740 |
| 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: | Metropolitan Contract Furniture of New York Inc. |
| Address: | 266 Bells Pond Road Hudson NY 12534 |
| Federal ID #: | 46-1504646 |
| NYS Vendor ID #: | 1100078726 |
| Contact Name: | Karyl Julien |
| Title: | Owner |
| Email: | karyl@metropolitancontract.com |
| Hours of Availability: | All |
| 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: | Mid-City Office Equipment Inc. |
| Address: | 2495 Main Street Buffalo NY 14214 |
| Federal ID #: | 16-0972688 |
| NYS Vendor ID #: | 1000015120 |
| Contact Name: | Kurt Amico |
| Title: | President |
| Email: | kurt@midcityoffice.com |
| Hours of Availability: | 8:00 – 5:00 |
| Phone: | 716-832-0138 ext. 209 |
| 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): | |

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

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Millington Lockwood Inc. |
| Address: | 3901 Genesee Street Buffalo NY 14225 |
| Federal ID #: | 16-0529380 |
| NYS Vendor ID #: | 1000007442 |
| Contact Name: | Mike Bonitatibus |
| Title: | President |
| Email: | mike@millingtonlockwood.com |
| Hours of Availability: | All |
| 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 type="checkbox"/> Ship Direct <input checked="" type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Nickerson NY LLC |
| Address: | 11 Moffitt Blvd Bay Shore NY 11706 |
| Federal ID #: | 06-0905538 |
| NYS Vendor ID #: | 1000005344 |
| Contact Name: | Beth Poskus |
| Title: | Manager, Loose Furniture Division |
| Email: | bposkus@nickersoncorp.com |
| Hours of Availability: | 8AM-5PM |
| Phone: | 631-666-0200 x244 |
| 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): | None |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Northeast Business Interiors |
| Address: | 187 Margaret Street Plattsburgh NY 12901 |
| Federal ID #: | 47-5225687 |
| NYS Vendor ID #: | 1100155114 |
| Contact Name: | Kurt Mowry |
| Title: | Project Manager |
| Email: | kurtm@northeastbusinessinteriors.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 518-825-0624 |
| 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 Furnishings Inc. |
| Address: | 38 Sunny Court Lk Grove NY 11755 |
| Federal ID #: | 26-2735580 |
| NYS Vendor ID #: | 1100182433 |
| Contact Name: | Suzanne Czak |
| Title: | CEO |
| Email: | sczak@officefurnishings.com |
| Hours of Availability: | 7:30 – 7:30 |
| Phone: | 631-357-2863 |
| 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: | Office Furniture Direct Inc. |
| Address: | 1240 Broad Hollow Road Farmingdale NY 11735 |
| Federal ID #: | 11-3620000 |
| NYS Vendor ID #: | 1100076479 |
| Contact Name: | Kamron Monasdbian |
| Title: | Principal |
| Email: | Kamron@ofdonline.com |
| Hours of Availability: | 9:00 – 6:00 |
| Phone: | 631-777-2027 |
| 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: | Office Furniture Warehouse |
| Address: | 3108 Expressway Drive South Islandia NY 11749 |
| Federal ID #: | 11-2729767 |
| NYS Vendor ID #: | 1100017457 |
| Contact Name: | Phyllis Chin |
| Title: | Project Manager |
| Email: | pchin@ofw.com |
| Hours of Availability: | 9:00 – 5:00 (M – F) |
| Phone: | 631-582-5388 |
| 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: | The Prentice Group of New York |
| Address: | 472 Franklin Street Buffalo NY 14202 |
| Federal ID #: | 46-4007932 |
| NYS Vendor ID #: | 1100111873 |
| Contact Name: | Jackie Flynn |
| Title: | Director of Operations |
| Email: | jlf@prentice.us |
| Hours of Availability: | 7:30 – 4:30 |
| 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): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Right Price Companies |
| Address: | 4726 S. Salina Street Syracuse NY 13205 |
| Federal ID #: | 20-1275007 |
| NYS Vendor ID #: | 1100017204 |
| Contact Name: | Jeffrey Detor |
| Title: | Sales Director |
| Email: | jdeter@rightpricecompanies.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 315-701-2380 |
| 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: | Roberts Office Interiors |
| Address: | 144 Hanger Road Rome NY 13441 |
| Federal ID #: | 16-1560364 |
| NYS Vendor ID #: | 1000029484 |
| Contact Name: | Gino Corasaniti |
| Title: | Finance Manager |
| Email: | gino@roiofficeinteriors.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 315-572-9013 |
| 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: | Andrew Draveck D/B/A Rochester Office Interiors |
| Address: | 80 Barker Road Pittsford NY 14534 |
| Federal ID #: | XX0964 |
| NYS Vendor ID #: | 1100124304 |
| Contact Name: | Andrew Draveck |
| Title: | President |
| Email: | andrew@rochff.com |
| Hours of Availability: | All |
| 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 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 Syracuse NY 13204 |
| Federal ID #: | 75-2987264 |
| NYS Vendor ID #: | 1000009675 |
| Contact Name: | Douglas Sedgwick |
| Title: | President/Owner |
| Email: | dsedgwickbusiness.com |
| Hours of Availability: | 8:00 – 5:00 |
| 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 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: | 176 Anderson Avenue Ste. #6 Rochester NY 14607 |
| Federal ID #: | 75-2987264 |
| NYS Vendor ID #: | 1000009675 |
| Contact Name: | Douglas Sedgwick |
| Title: | President/Owner |
| Email: | dsedgwickbusiness.com |
| Hours of Availability: | 8:00 – 5:00 |
| 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 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: | Stonehill Sales & Services LLC |
| Address: | 32 Heather lane Middletown NY 10940 |
| Federal ID #: | 20-0816716 |
| NYS Vendor ID #: | 1100136735 |
| Contact Name: | Carol Hill |
| Title: | President |
| Email: | chill@hvc.rr.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 845-386-1234 |
| 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: | Strategic Response Initiatives |
| Address: | 44 Dalliba Avenue Suite #204 Watervliet NY 12189 |
| Federal ID #: | 20-2015569 |
| NYS Vendor ID #: | 1000034729 |
| Contact Name: | Heidi Sullivan |
| Title: | Business Manager |
| Email: | Heidi.sullivan@strategicri.com |
| Hours of Availability: | 8:00 – 4:00 |
| Phone: | 518-336-6757 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input checked="" 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: | Syracuse Business Center Inc. |
| Address: | 750 W. Genesee 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: | 9:00 – 5:00 |
| Phone: | 315-422-1076 |
| 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: | Syracuse Office Environments |
| Address: | 375 Erie Blur West Syracuse NY 13202 |
| Federal ID #: | 15-0510033 |
| NYS Vendor ID #: | 1000007334 |
| Contact Name: | Vincent Sweeney |
| Title: | President |
| Email: | vsweeney@soesy.com |
| Hours of Availability: | 8:00 – 5:00 |
| 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): | |

| RESELLER INFORMATION | |
|--|--|
| Company Name: | Telcar Certified LTD |
| Address: | 25 Andrea Road Holbrook NY 11741 |
| Federal ID #: | 20-1319657 |
| NYS Vendor ID #: | 1100009876 |
| Contact Name: | Diana Frerking |
| Title: | Manager Sales Administration |
| Email: | diana@thetelcargroup.com |
| Hours of Availability: | 8:00 – 5:00 |
| Phone: | 631-563-9195 |
| 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: | Waldners Business Environments Inc. |
| 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: | 8:30 – 4:30 |
| 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): | |

*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 12204 |
| Federal ID #: | 04-2455641 |
| NYS Vendor ID #: | 1000011030 |
| Contact Name: | Renee C. Murphy NCIDQ CID |
| Title: | Contract Furniture Manager |
| Email: | Renee.murphy@wbmason.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| Phone: | 888-926-2766 ext. 8980 |
| 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 Park Ave. South Suite #201 New York NY 10003 |
| Federal ID #: | 20-2218703 |
| NYS Vendor ID #: | 1000008585 |
| Contact Name: | Frank LaCapra |
| Title: | Chief Operating officer |
| Email: | flacapra@wbwood.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| Phone: | 212-647-6200 |
| 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: | Workplace Interiors |
| 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: | 8:00 – 5:00 (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 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 Interiors by Office Depot |
| Address: | 6600 N. Military Trail Boca Raton FL 33431 |
| Federal ID #: | 59-2663954 |
| NYS Vendor ID #: | 1000009573 |
| Contact Name: | David McGinnis |
| Title: | Program Manager Furniture Public Sector |
| Email: | David.mcginis@workspaceinteriorsod.com |
| Hours of Availability: | 8:00 – 5:00 (M – F) |
| Phone: | 724-777-2356 |
| 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 type="checkbox"/> Receive Payment * |
| Restrictions Applicable to this Reseller (if any): | |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Young Equipment Solutions Inc. |
| Address: | 325 Rabro Drive Hauppauge NY 11788 |
| Federal ID #: | 11-2803327 |
| NYS Vendor ID #: | 1000011915 |
| Contact Name: | Jo-Anne Johnson |
| Title: | Senior Accountant |
| Email: | joanne@youngequipment.com |
| Hours of Availability: | 9:00 – 5:00 |
| Phone: | 631-582-5900 ext. 1459 |
| 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: | SDVOSB Materials Technology & Supply LLC |
| Address: | 134 Grattan Street Suite 3L Brooklyn NY 11237 |
| Federal ID #: | 822895228 |
| NYS Vendor ID #: | 1100196751 |
| Contact Name: | Harrison Kendall |
| Title: | CEO |
| Email: | HarrisonJamesKendall@gmail.com |
| Hours of Availability: | 9-6 M-F |
| Phone: | 917 216-9400 |
| MWBE and/or SDVOB Certification: | <input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input checked="" 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: | VRD Contracting D/B/A VRD Corporate Interiors |
| Address: | 25 Andrea Road Holbrook NY 11741 |
| Federal ID #: | 11-3241167 |
| NYS Vendor ID #: | 1100058559 |
| Contact Name: | Diana Frerking |
| Title: | Manager Sales Administration |
| Email: | diana@vrdcontracting.com |
| Hours of Availability: | 8am – 5pm |
| Phone: | 631-956-7000 |
| 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: | Design Space Studios LLC |
| Address: | 7 Gilhall Circle Fairport NY 14450 |
| Federal ID #: | 83-1065378 |
| NYS Vendor ID #: | 1100226956 |
| Contact Name: | Brenna Thering & Jackie Driscoll |
| Title: | Co-Owners |
| Email: | brenna@designspacestudios.com |
| Hours of Availability: | Monday – Friday 8:00am – 5:00pm |
| Phone: | (585) 673-8027 |
| 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: | Creative Office Pavilion |
| Address: | 470 Park Ave South, 7th Floor, NY, NY 10016 |
| Federal ID #: | 04-3147560 |
| NYS Vendor ID #: | 1100112818 |
| Contact Name: | Patrick Hayes |
| Title: | President |
| Email: | Patrick.Hayes@cop-onc.com |
| Hours of Availability: | M-F 8:30 AM to 5:00 PM |
| Phone: | 646-590-1700 |
| 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: | The Inside Source Northeast Inc. |
| Address: | 985 Industrial Road Suite 101 San Carlos CA 94070 |
| Federal ID #: | 83-3016154 |
| NYS Vendor ID #: | 1100234121 |
| Contact Name: | James Moffat |
| Title: | Managing Director East Coast Operations |
| Email: | jmoftat@insidesource.com |
| Hours of Availability: | 9am - 5pm |
| Phone: | 203-253-9317 |
| 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: | Workspace Consulting Group LLC |
| Address: | 1 Landmark Square Stamford CT 06901 |
| Federal ID #: | 27-3088478 |
| NYS Vendor ID #: | 1100131588 |
| Contact Name: | Paulina Ribadeneyra |
| Title: | Owner |
| Email: | paulina@workspacecg.com |
| Hours of Availability: | 7am-6pm |
| Phone: | O: 203-548-0305 C: 203-918-5111 |
| 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: | Parlor City Group LLC |
| Address: | 4301 Vestal Rd. Vestal NY 13850 |
| Federal ID #: | 85-2847822 |
| NYS Vendor ID #: | 1100257323 |
| Contact Name: | Owner, Managing Member |
| Title: | office@parlorcityfurniture.com |
| Email: | 10AM – 4PM ET |
| Hours of Availability: | 607-366-0707 |
| Phone: | Owner, Managing Member |
| 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: | ELB US Inc. |
| Address: | 415 Boulder Court Suite 500 Pleasanton CA 94566 |
| Federal ID #: | 99-0380904 |
| NYS Vendor ID #: | 1100185015 |
| Contact Name: | Damian Bolton |
| Title: | President |
| Email: | admin@elbglobal.com |
| Hours of Availability: | 9:00 a.m. – 5:00 p.m. PST |
| Phone: | 925-400-6175 |
| 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): | N/A |

| RESELLER INFORMATION | |
|--|---|
| Company Name: | Creative Office Concepts Inc. D/B/A Creative Library Concepts |
| Address: | PO Box 313 Manalapan NJ 07726 |
| Federal ID #: | 22-2753756 |
| NYS Vendor ID #: | 1100121047 |
| Contact Name: | Brad Kingsburg |
| Title: | President |
| Email: | bradk@creativelibraryconcepts.com |
| Hours of Availability: | 9-5 |
| Phone: | 908-812-8190 |
| 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: | McHugh Furnishings |
| Address: | 125 Laser Court Hauppauge NY 11788 |
| Federal ID #: | 46-4089173 |
| NYS Vendor ID #: | 1100161588 |
| Contact Name: | Joanne Skinner |
| Title: | Sales/Project Manager |
| Email: | jskinner@mchif.com |
| Hours of Availability: | 7:00 a.m.– 3:00 p.m. |
| Phone: | 631-533-5078 |
| 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 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: | K Offices |
| Address: | 197 Rt. 18 Ste. 201, N. Tower, E Brunswick, NJ 08816 |
| Federal ID #: | 81-1237615 |
| NYS Vendor ID #: | 1100248284 |
| Contact Name: | Rob Kessler |
| Title: | Principal |
| Email: | rob@koffices.cm |
| Hours of Availability: | 24/7 |
| Phone: | 917-693-9652 |
| 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: | Henricksen |
| Address: | 1040 Avenue of the Americas, New York, 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: | 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: | 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: | 8AM – 5PM ET |
| 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 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: | Elliott Interiors, LLC |
| Address: | 13 Duggan Lane, Goshen, NY 10924 |
| Federal ID #: | 36-4579574 |
| NYS Vendor ID #: | 1100227090 |
| Contact Name: | Dawn Elliot |
| Title: | Owner |
| Email: | elliottinteriors@yahoo.com |
| Hours of Availability: | 24/7 |
| 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 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 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: | 9am-5pm, M-F |
| 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: | Tri State Office Interiors |
| Address: | 19 West 21 st Street, Suite 606, New York NY 10010 |
| Federal ID #: | 47-1993531 |
| NYS Vendor ID #: | 1100216210 |
| Contact Name: | Lane Gold |
| Title: | President/CEO |
| Email: | laneg@tristateoi.com |
| Hours of Availability: | 9am-5pm |
| Phone: | 646-935-3555 |
| 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: | Vital Workplace Solutions LLC |
| Address: | P.O. Box 4788 Saratoga Springs, NY 12866 |
| Federal ID #: | 92-0325970 |
| NYS Vendor ID #: | 1100281772 |
| Contact Name: | Valerie Reside |
| Title: | Workplace Strategist |
| Email: | valerie@vitalwsny.com |
| Hours of Availability: | 8AM-4PM Monday-Friday |
| Phone: | 518-391-0438 |
| 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