

**Group 20915 Award 23295 - Furniture, All Types (except Hospital Room and Patient Handling)(Statewide)**  
**ATTACHMENT 12 – CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION**  
**(for ordering and contract administration purposes)**

<b>Contractor/Company Information</b>	
Company Business Name:	Demco, Inc
D/B/A – Doing Business As (if applicable):	
Address:	4810 Forest Run Rd. Madison, WI 53704
Company Website:	<a href="http://www.demco.com">www.demco.com</a>
Federal Tax ID #:	39-1311089
NYS Vendor ID #:	1000031618
<b>Contact for Contract Administration issues</b>	
Contract Administrator Name:	Kristopher L. Snow
Title:	Contracts Facilitator
Address (if different from above):	
Email:	<a href="mailto:contracts@demco.com">contracts@demco.com</a>
Phone:	866.558.9068
Toll Free Phone:	888.211.3072
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	Kristopher L. Snow
Title:	Contracts Facilitator
Address:	
Email:	<a href="mailto:contracts@demco.com">contracts@demco.com</a>
Phone:	866.558.9068
Toll Free Phone:	888.211.3072
Business hours (Specify M-F, Sat, Sun):	8: AM - 4:30 PM
<b>Contact for Emergencies</b>	
Contact Name:	Kristopher L. Snow
Title:	Contracts Facilitator
Address:	
Email:	<a href="mailto:contracts@demco.com">contracts@demco.com</a>
Phone:	866.558.9068
Cell Phone:	888.211.3072
<b>Invoicing (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above)</b>	
Invoicing Entity Company Name:	Demco, Inc
Federal Tax ID #:	39-1311089
NYS Vendor ID #:	1000031618
Is payment made to the above Entity/Federal ID#?	Yes
<i>Note: If yes, the invoicing entity NYS Vendor ID MUST be referenced on Purchase Orders</i>	

Enter the information requested below for each Reseller/Distributor that will provide Product to Authorized Users. In Columns B through E, indicate if the location is a NYS certified Minority- or Women-Owned Business Enterprise, Service-Disabled Veteran Owned Business Division, or a Small Business\* (self-identified). In Columns H through J, indicate if the Reseller/Distributor is authorized to take orders, deliver Product, and/or receive payment. If a Reseller/Distributor is allowed to accept payment, they MUST have a NYS Vendor ID.  
 \*A "Small Business" means a business which: (a) is resident in New York State; (b) is independently owned and operated; (c) is not dominant in its field; and, (d) employs one hundred or fewer persons

Company Business Name	WBE	MBE	SDVOB	SB	FEIN	NYS Vendor ID	Take Orders	Deliver Product	Receive Payment	Over-the-Counter Hours	Street Address	City	Zip Code	County	Contact Name	Telephone Number	Fax Number	Email Address	Restrictions Applicable to this Contractor Location
Affordable Office Services	x				30-0141001	1100226914	x	x	x	M-F 9-5:00	728 C 136Th St Suite 3 Bronx NY 10454	Bronx	10454		Alexander M Permas	718-242-5010		<a href="mailto:sales@aosNYC.com">sales@aosNYC.com</a>	
Business Relocation Services, Inc		x			11-2852103	1000000620	x	x	x	M-F 9-5:00	260 Beach 138 St. Rockaway Park, NY 11698	Rockaway Park	11694		Jesus Linares	718-399-8000		<a href="mailto:jesus.linares@brsrelocations.com">jesus.linares@brsrelocations.com</a>	
AR Kropp, LLC			x		11-3557719	1100119502	x	x	x	M-F 8-4	1515-B FIFTH INDUSTRIAL COURT BAY SHORE NY 11706	Bay Shore	11706		Tim Kropp	631-549-9240		<a href="mailto:TimothyKROPP@ARKSHELIVING.com">TimothyKROPP@ARKSHELIVING.com</a>	