

**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:	Kaplan Early Learning Company
D/B/A – Doing Business As (if applicable):	
Address:	1310 Lewisville-Clemmons Rd., Lewisville, NC 27023
Company Website:	<a href="http://www.kaplanco.com">www.kaplanco.com</a>
Federal Tax ID #:	56-0935286
NYS Vendor ID #:	1000009500
<b>Contact for Contract Administration issues</b>	
Contract Administrator Name:	Elizabeth Patterson
Title:	Associate Director of Bid & Contracts
Address (if different from above):	
Email:	<a href="mailto:bids@kaplanco.com">bids@kaplanco.com</a>
Phone:	800-334-2014
Toll Free Phone:	800-334-2014
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Toll Free Phone:	
Business hours (Specify M-F, Sat, Sun):	
<b>Contact for Emergencies</b>	
Contact Name:	David Bumgarner
Title:	Chief Operating Office
Address:	1310 Lewisville-Clemmons Rd., Lewisville, NC 27023
Email:	<a href="mailto:dbumgarner@kaplanco.com">dbumgarner@kaplanco.com</a>
Phone:	800-334-2014
Cell Phone:	336-766-3235
<b>Invoicing</b> (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above)	
Invoicing Entity Company Name:	
Federal Tax ID #:	
NYS Vendor ID #:	
Is payment made to the above Entity/Federal ID#? <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
Trinity Furniture, INC		X			56-1414163	1100045809	X	X	X	M-F 8:00 am - 5:00 pm EST	6089 Kennedy Rd.	Trinity	27370	Randolph	Jorge Langueruela	336-475-0037		<a href="mailto:jorge@trinityfurniture.com">jorge@trinityfurniture.com</a>	