

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)

Contractor/Company Information	
Company Business Name:	MityLite Inc.
D/B/A – Doing Business As (if applicable):	
Address:	1301 West 400 North
Company Website:	www.mitylite.com
Federal Tax ID #:	87-0652595
NYS Vendor ID #:	1000009754
Contact for Contract Administration Issues	
Contract Administrator Name:	Scott Bean
Title:	Sales Manager
Address (if different from above):	
Email:	scott.bean@mityinc.com
Phone:	800-362-5169
Toll Free Phone:	800-362-5169
Contact for Contract Sales/Billing (if different from above)	
Contact Name:	Halyn Holdaway (AP contact)
Title:	Accounting
Address:	1301 West 400 North
Email:	halyn.holdaway@mityinc.com
Phone:	801-224-0589 ext. 4112
Toll Free Phone:	
Business hours (Specify M-F, Sat, Sun):	M-F, 8am-5pm
Contact for Emergencies	
Contact Name:	Scott Bean
Title:	Sales Manager
Address:	1301 West 400 North
Email:	scott.bean@mityinc.com
Phone:	800-362-5169
Cell Phone:	385-207-6991
Invoicing (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
Example: Acme Automotive Parts of Albany	X	X		X	12-3456789	0000011111	X	X	X	M-F 7:30-5:30, Sat 8-12	123 Main Street	Example City	12345	Albany	John Doe	(800) 473-1200 x 200	(518) 473-2222	john.doe@acme.com	Only sells batteries.
Genesee Office Interiors, Inc.	X				16-1335890	1100038101	X	X	X	M-F 8am-5pm	565 BLOSSOM ROAD SUITE H, .	ROCHESTER	14610	Monroe	Margorie Cunningham	585-224-8280		gol@geneseeoffice.com	
Intivity	X				16-1478699	1000008256	X	X	X	M-F 8am-5pm	106 Despatch Drive	EAST ROCHESTER	14445	Monroe	JANET BOTT	585-238-2858		jbott@fm-oe.com	
A.R. Kropp Co. & Sons			X		11-3557719	100119502	X	X	X	M-F 8am-5pm	30 Carrington Dr.	East Northport	11731	Suffolk	Timothy Kropp	631-549-9240		timothykropp@arkshelving.com	
SDVOSB Materials Technology & Supply LLC			X		82-2895228	1100196751	X	X	X	M-F 8am-5pm	132-20 Jamaica Avenue Suite B,	Queens	11418	Nassau	Harrison Kendall	(917) 216-9400		Harrison.kendall@SDVOSBmaterials.com	
Office Design & Furnishing LLC			X		80-0539362	1100335768	X	X		M-F 9:00a-5:00p	240-18 68th avenue	Douglaston	11362	Queens	Khrisna Ponce	734-217-2717		khrisna@officedesignllc.com	