

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:	Nickerson NY, LLC
D/B/A – Doing Business As (if applicable):	N/A
Address:	11 Moffitt Boulevard, Bay Shore, NY 11706
Company Website:	www.nickersoncorp.com
Federal Tax ID #:	06-0905538
NYS Vendor ID #:	1000005344
Contact for Contract Administration Issues	
Contract Administrator Name:	Bruce J. Paci
Title:	Vice President
Address (if different from above):	
Email:	bpaci@nickersoncorp.com
Phone:	(631) 666-0200 ext. 230
Toll Free Phone:	(800) 520-4885
Contact for Contract Sales/Billing (if different from above)	
Contact Name:	Beth Poskus
Title:	Manager - Loose Furniture
Address:	11 Moffitt Boulevard, Bay Shore, NY 11706
Email:	bposkus@nickersoncorp.com
Phone:	(631) 666-0200 ext. 244
Toll Free Phone:	(800) 520-4885
Business hours (Specify M-F, Sat, Sun):	M-F 8 am - 5 pm
Contact for Emergencies	
Contact Name:	Beth Poskus
Title:	Manager - Loose Furniture
Address:	11 Moffitt Boulevard, Bay Shore, NY 11706
Email:	bposkus@nickersoncorp.com
Phone:	(631) 666-0200 ext. 244
Cell Phone:	(631) 620-2101
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
Fuehrer Enterprises DBA Akers Business Solutions					52-1856714	1100294512	X	X	X	M-F 8:00-5:00	2406 Peppermill Drive, Suite J	Glen Burnie, MD	21061	Anne Arundel	Darlene Akers	(410) 541-3005 ext. 1		darlene@akersbusiness.com	Reseller for Lorell and Gressco only
Fomcore, LLC					36-4848278	1100280510	X	X	X	M-F 8:00-5:00	1770 E. Keating Avenue	Muskegon, MI	49442	Muskegon	Caleb Sibert	(727) 644-9943		caleb@fomcore.com	Reseller for Fomcore only
Virco Inc.					33-0815719	1000009102	X	X	X	M-F 8:00-5:00	Highway 85 South	Conway, AR	72032	Faulkner	Brent Smith	(614) 352-5446		brentsmith@virco.com	Reseller for Virco only
3 G Warehouse, Inc.	X				27-0837338	1100168137	X	X	X	M-F 8:00-3:00	565 Broadhollow Road, Ste. 1	Farmingdale, NY	11735	Suffolk	Jessica Bonvicino	(631) 617-5951 ext. 103		jessica@3Gwhse.com	