

**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:	Toledo Furniture Inc
D/B/A – Doing Business As (if applicable):	
Address:	PO Box 431 Stroudsburg PA 18360
Company Website:	www.toledofurniture.com
Federal Tax ID #:	22-3833777
NYS Vendor ID #:	1100101398
Contact for Contract Administration issues	
Contract Administrator Name:	Charles Knecht
Title:	Sales Manager
Address (if different from above):	
Email:	cknecht@toledofurniture.com
Phone:	570-269-7135
Toll Free Phone:	
Contact for Contract Sales/Billing (if different from above)	
Contact Name:	Kristen Lasso
Title:	Office Manager
Address:	PO Box 431 Stroudsburg PA 18360
Email:	klasso@toledofurniture.com
Phone:	570-213-0369
Toll Free Phone:	
Business hours (Specify M-F, Sat, Sun):	M-F 8Am-5PM
Contact for Emergencies	
Contact Name:	Lew Walker
Title:	Operations Manager
Address:	PO Box 431 Stroudsburg PA 18360
Email:	lwalker@toledofurniture.com
Phone:	570-213-0369
Cell Phone:	
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
Nickerson NY, LLC	X				06-0905538	1000005344	X	X	X	M-F 9-5:00	11 Moffitt Blvd Bayshore NY 11706	Bayshore	11706	Suffolk	Bruce Paci	631-666-0200 x30		bpaci@nickersoncorp.com	
A.T. Equipment Sales Corporation					26-2096001	1100027732	X	X	X	M-F9-5	130 Brook Street	Scarsdale	10583	Westchester	Stacy Seward	914-472-7222		stacy@atequipmentsales.com	
AR Kropp Co			X		11-3557719	1100119502	X	X	X	M-F9-5	1515-B Fifth Industrial Court	Bay Shore	11706	Suffolk	Tim Kropp	631-549-9240		timothykropp@arkshelving.com	
Facilities Equipment & Service Inc					16-1117625	1000028685	X	X	X	M-F 9-5:00	P.O. Box 29	Liverpool	13088	Onondaga	Steve Blanding	585-586-5420		sbland6740@aol.com	
Nu Tech Furnishing Incorporated					26-1786514	1100134633	X	X	X	M-F-9-5	95A Hoffman Lane	Islandia	11749	Suffolk	Peggy Citera	631-923-0300		peggy@nu-techonline.com	
Educational Furnishings					61-1437252	1100241609	x	x	x	M-F 8am-5pm	301 Island Blvd	Sunbury	17901	Northumberland	Barry Derr	570-241-0721		barry@educationalfurnishings.com	