

**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)**

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|--|--|
| <b>Contractor/Company Information</b>  |  |
| Company Business Name:   | W.B. Mason Co. Inc.  |
| D/B/A – Doing Business As (if applicable):   |  |
| Address:   | 29 Mill St. Albany, NY 12204   |
| Company Website:   | <a href="http://www.wbmason.com">www.wbmason.com</a>                         |
| Federal Tax ID #:  | 04-2455641   |
| NYS Vendor ID #:   | 10000-11030  |
| <b>Contact for Contract Administration Issues</b>  |  |
| Contract Administrator Name:   | Chris Giannetti  |
| Title:   | Regional Manager   |
| Address (if different from above):   |  |
| Email:   | <a href="mailto:chris.giannetti@wbmason.com">chris.giannetti@wbmason.com</a> |
| Phone:   | 888-926-2766-x8174   |
| Toll Free Phone:   | 888-926-2766-x8174   |
| <b>Contact for Contract Sales/Billing (if different from above)</b>  |  |
| Contact Name:  |  |
| Title:   |  |
| Address:   |  |
| Email:   |  |
| Phone:   | 888-926-2766   |
| Toll Free Phone:   | 888-926-2766   |
| Business hours (Specify M-F, Sat, Sun):  | M-F 8am-5pm  |
| <b>Contact for Emergencies</b>   |  |
| Contact Name:  | Chris Giannetti  |
| Title:   | Regional Manager   |
| Address:   |  |
| Email:   | <a href="mailto:chris.giannetti@wbmason.com">chris.giannetti@wbmason.com</a> |
| Phone:   | 888-926-2766-x8174   |
| Cell Phone:  | 888-926-2766-x8174   |
| <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#?<br><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 |
|----------------------------------|-----|-----|-------|----|------------|---------------|-------------|-----------------|-----------------|------------------------|----------------|------------|----------|----------|--------------|------------------|------------|--|---|
| S&B Computer and Office Supplies | x   | x   |       |    | 14-1752798 | 1000007137    | x           |                 | x               | M-F 8:00-4:00          | 17 Wood Road   | Round Lake | 12151    | Saratoga | Nick Sarang  | 518-877-9500     |            | <a href="mailto:nick@sbcomputers-office.com">nick@sbcomputers-office.com</a> |   |