Contractor Information (for Ordering and Contract Administration Purposes)

1. CONTRACTOR/COMPANY INFORMATION	
Company Name:	Superior International Industries, Inc.
Address:	1050 Columbia Dr,
(Use the address as listed in the Piggyback Agreement with OGS)	Carrollton, GA 30177
Company Website:	https://www.superiorrecreationalproducts.com
Federal ID#:	582115250
NYS Vendor ID #:	110085042

Reseller/Distributor Information		
Authorized Reseller/Distributor		
Company Name:	Play By Design	
Address:	119 West Buffalo Street	
	Ithaca, NY 14850	
Federal ID#:	90-0617003	
NYS Vendor ID#:	1100173443	
Contract Person:	Lee Archin	
Title:	Co-Owner	
Telephone Number:	(607) 351-5160	
Fax Number:	(607) 351-5160	
E-mail:	lee@pbdplaygrounds.com	
MWBE Certification:	☐ Women owned ☐ Minority owned ☐ Both	
SBE:	X NYS Small Business Enterprise (self-identified)	
Reseller is Authorized to:	X Take Orders Receive Payment	
	Double click in the box(es) you wish to place an "x".	

Authorized Reseller/Distributor		
Company Name:	Schoolscapes Inc	
Address:	1948 ST Route 21	
	Shortsville, NY 14548	
Federal ID#:	80-0729662	
NYS Vendor ID#:	1100053230	
Contract Person:	Kristin Reinhardt	
	Operations Manager	
Telephone Number:	(315) 906-0050	
Fax Number:	N/A	
E-mail:	kristin@schoolscapes.com	
MWBE Certification:	Women owned Minority owned Both	
SBE:	X NYS Small Business Enterprise (self-identified)	
Reseller is Authorized to:	X Take Orders ☐ Receive Payment	
	Double click in the box(es) you wish to place an "x".	

	Authorized Reseller/Distributor
Company Name:	All Things Recreation, LLC
Address:	P.O. Box 586
	Nutley, NJ 07110
Federal ID#:	26-4348588
NYS Vendor ID #:	
Contract Person:	Jamee Nesta
Title:	Owner
Telephone Number:	(973)447-7656
*	(877)447-3554
E-mail:	sales@allthingsrecreation.com
MWBE Certification:	X Women owned Minority owned Both
SBE:	NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	X Take Orders Receive Payment
Reseller is riddionized to.	Double click in the box(es) you wish to place an "x".
	Double click in the box(cs) you wish to place all x.
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	Authorized Reseller/Distributor
Company Name:	
Address:	
Federal ID#:	
NYS Vendor ID #:	
Contract Person:	
Title:	
Telephone Number:	
Fax Number:	
E-mail:	
MWBE Certification:	Women owned Minority owned Both
SBE:	NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	Take Orders Receive Payment
	Double click in the box(es) you wish to place an "x".
	Authorized Reseller/Distributor
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Company Name:	
Address:	
E-11 ID#	
Federal ID#:	
NYS Vendor ID#:	
Contract Person:	
Title:	
Telephone Number:	
Fax Number:	
E-mail:	
MWBE Certification:	Women owned Minority owned Both
SBE:	NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	☐ Take Orders ☐ Receive Payment
	Double click in the box(es) you wish to place an "x".

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