

ATTACHMENT 12
CONTRACTOR AUTHORIZED RESELLER INFORMATION SHEET
(for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	AAA Emergency Supply
Address (from first page of bid):	635 North Broadway White Plains, NY 10603
Company Website:	www.aaemergency.com
Federal ID #:	13-1994315
NYS Vendor ID #:	1000026081
Contract Administrator Name:	Matthew Dugan
Title:	Manager
Email:	mdugan@aaemergency.com
Phone:	914-949-0512
Toll Free Phone:	844-244-3473

SALES/BILLING (if different from above)	
Contact Name:	-Same as Above-
Title:	-Same as Above-
Address:	-Same as Above-
Email:	-Same as Above-
Phone:	-Same as Above-
Toll Free Phone:	-Same as Above-

EMERGENCIES	
Contact Name:	Matthew Manfredi
Title:	President
Address:	635 North Broadway White Plains, NY 10603
Email:	mattm@aaemergency.com
Phone:	914-949-0512
Cell Phone:	914-490-4307

AUTHORIZED RESELLER INFORMATION	
Company Name:	Peak Performance Leadership, LLC
Address:	18 Warwickshire Dr. Killingworth CT 06419
Federal ID #:	16-1592942
NYS Vendor ID #:	1100218242
Contact Name:	Jonathan Norton
Title:	President
Email:	jonathan.t.norton@gmail.com
Hours of Availability:	9-5 Eastern Time
Phone:	860-575-2998
MWBE and/or SDVOB Certification:	<input type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input checked="" type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

*In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to "Take Orders AND Receive Payment" and be entered into SFS with their own NYS Vendor ID #.

AUTHORIZED RESELLER INFORMATION	
Company Name:	CG Industrial Safety Inc
Address:	1213 Sparrow Lane Peekskill, NY 10566
Federal ID #:	13-3806428
NYS Vendor ID #:	1100068552
Contact Name:	Colleen Galloway
Title:	President
Email:	cgindust@aol.com
Hours of Availability:	9-5 Eastern Time
Phone:	914-734-2851
MWBE and/or SDVOB Certification:	<input checked="" type="checkbox"/> NYS Certified Women Owned <input type="checkbox"/> NYS Certified Minority Owned <input type="checkbox"/> SDVOB
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: (check all that apply)	<input checked="" type="checkbox"/> Take Orders AND Receive Payment * <input type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

*In order for an Authorized User to obtain credit for Reseller(s) being MWBE, Reseller(s) MUST be allowed to “Take Orders AND Receive Payment” and be entered into SFS with their own NYS Vendor ID #.