

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

CONTRACTOR/COMPANY INFORMATION	
Company Name:	South Shore Fire and Safety Equipment Distributors, Inc.
Address (from first page of bid):	579 East Meadow Avenue, East Meadow NY 11554
Company Website:	www.southshorefire.com
Federal ID #:	11-1996719
NYS Vendor ID #:	1000005586
Contract Administrator Name:	David Smith
Title:	Vice President Sales and Service
Email:	dsmith@southshorefire.com
Phone:	(516) 794-4000
Toll Free Phone:	(866) 979-9651

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

EMERGENCIES	
Contact Name:	David Smith
Title:	Vice President of Sales and Services
Address:	579 East Meadow Avenue, East Meadow NY 11554
Email:	dsmith@southshorefire.com
Phone:	516-459-1659
Cell Phone:	516-641-8096

AUTHORIZED RESELLER INFORMATION	
Company Name:	Activ Systems
Address:	1078 North Drive, Merrick NY 11566
Federal ID #:	77-0676420
NYS Vendor ID #:	1100022419
Contact Name:	Rosemarie Felisarta
Title:	President
Email:	rosemarie@asinc.us.com
Hours of Availability:	
Phone:	516-489-7835
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 #.

AUTHORIZED RESELLER INFORMATION	
Company Name:	Gab Co Safety Equipment and Supplies
Address:	245 Van Brunt Street, Brooklyn New York 11231
Federal ID #:	27-1035836
NYS Vendor ID #:	1100246520
Contact Name:	Gabriella DeLuca
Title:	President
Email:	Gabriella@gabcosafety.com
Hours of Availability:	
Phone:	718-210-1789
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 checked="" 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 #.