

**New York State Participating Addendum
ATTACHMENT 2 – RESELLER INFORMATION FORM
Manufacturer & Reseller Information**

| Manufacturer/Contractor Information (for Ordering and Contract Administration Purposes) | | | |
|---|-----------------------------|---|-----------------------------------|
| Company Name: | Corr Distributors Inc. | | |
| Address: | 89 Pearce Avenue | | |
| | Tonawanda, NY 14150 | | |
| Federal ID #: | 16-1117762 | | |
| NYS Vendor ID#: | 1000007775 | | |
| Minority/Women Owned or Small Business Indicate M, W or S | W, S | | |
| Contract Administrator Name: | Carol Corr | | |
| Title: | President | | |
| Telephone Number: | 716-873-8323 | | |
| E-mail: | ccorr@corr distributors.com | | |
| FAX: | 716-873-2968 | | |
| Orders Placed Directly with Contractor <input type="checkbox"/> Orders Placed Directly with AD <input type="checkbox"/> | | | |
| Contract "Toll" Free Support Number: | 800-536-8323 | Guaranteed Product Delivery Timeframe: | Calendar ____ days ARO |

BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY

| Reseller Information | |
|---|--|
| Company Name: | AramSCO |
| Address: | PO Box 728; 11-25 Harding St. |
| | Middletown, NY 10940 |
| Minority/Women Owned or Small Business Indicate M , W or S | S |
| Federal ID #: | 14-1458866 |
| NYS Vendor ID#: | 1000006715 |
| Contract Administrator Name: | Thomas Morse |
| Title: | Secretary/Treasurer |
| Telephone Number: | 845-346-4700 |
| E-mail: | eamco@eamorse.com |
| FAX: | 845-342-3381 |
| Reseller Information | |
| Company Name: | National Maintenance Supplies, Inc. |
| Address: | 82 Cantiague Rock Road |
| | Westbury, NY 11590 |
| Minority/Women Owned or Small Business Indicate M , W or S | S |
| Federal ID #: | 113326689 |
| NYS Vendor ID#: | 1000012220 |
| Contract Administrator Name: | Brian Prensky |
| Title: | Director of Business Development |
| Telephone Number: | 516-338-6639 |
| E-mail: | psperinjr@nationalmaintenance.com |
| FAX: | 800-813-3358 |

| Reseller Information | |
|---|--|
| Company Name: | |
| Address: | |
| | |
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| Federal ID #: | |
| NYS Vendor ID#: | |
| Contract Administrator Name: | |
| Title: | |
| Telephone Number: | |
| E-mail: | |
| FAX: | |
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