

ATTACHMENT 5
CONTRACTOR and RESELLER INFORMATION
(for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	Top Notch Supply, Inc.
Address:	175 New Boston St., Unit # U, Woburn, MA 01801
Company Website:	www.topnotchsupplyinc.com
Federal ID #:	47-1917379
NYS Vendor ID #:	1100271361
MWBE and/or SDVOB Certification:	<input 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)
Contract Administrator Name:	Michael O'Meara
Title:	President
Email:	momeara@topnotchsupplyinc.com
Phone:	(781)305-4184
Toll Free Phone:	(781)305-4184
Contractor accepts NYS Procurement Card?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (up to \$50,000)
Contractor Offers Volume Discounts?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Contractor offers Prompt Payment Discount?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 1% / 10 Days; Net 30

SALES/BILLING (if different from above)	
Contact Name:	Stefanie Bishop
Title:	Office Manager
Address:	175 New Boston Street #U, Woburn, MA 01801
Email:	admin@topnotchsupplyinc.com
Phone:	(781) 305-4184
Toll Free Phone:	

EMERGENCIES	
Contact Name:	Michael O'Meara
Title:	President
Address:	175#U New Boston St. Woburn MA 01801
Email:	momeara@topnotchsupplyinc.com
Phone:	(781)305-4181
Cell Phone:	(781)308-5731

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	AMERICAN PAPER TOWEL CO LLC DBA American Paper & Supply Company
Address:	10 Industrial Rd. Carlstadt, NJ 07072
Federal ID #:	22-1417996
NYS Vendor ID #:	1100132125
Contact Name:	Bob Arnold
Title:	Account Manager
Email:	rarnold@americanpapertowel.com
Hours of Availability:	8am-5pm
Phone:	(201)-939-4200

*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 #.

MWBE and/or SDVOB Certification:	<input 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 checked="" type="checkbox"/> Ship Direct
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR INFORMATION	
Company Name:	
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
Email:	
Hours of Availability:	
Phone:	
MWBE and/or SDVOB Certification:	<input 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 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 #.