Manufacturer & Authorized Dealer (AD) Information

Manufacturer/Contractor Information (for Ordering and Contract Administration Purposes)			
Company Name:	LSI Corporation of America, Inc.		
Address:	2100 Xenium Lane		
	Minneapolis, MN		
	55441		
Federal ID #:	410918792		
NYS Vendor ID#:	1100043714		
Minority/Women Owned or Small Business Indicate M, W or S			
Contract Administrator Name:	John Caulfield		
Title:	Controller		
Telephone Number:			
E-mail:			
FAX:			
Orders Placed Directly with Contractor ☐	**Orders Placed Directly with AD ☐**		
Contract "Toll" Free Support Number:		**Guaranteed Product Delivery Timeframe:**	**Calendar ____days ARO**

BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY

Authorized Dealer Information	
Company Name:	Nickerson Corporation
Address:	11 Moffitt Boulevard
	Bay Shore, NY 11706
Minority/Women Owned or Small Business Indicate M , W or S	W
Federal ID #:	06-0905538
NYS Vendor ID#:	06-0905538
Contract Administrator Name:	Stephanie Keller
Title:	President
Telephone Number:	630-666-0200 x22
E-mail:	skeller@nickersoncorp.com
FAX:	630-666-2667

Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	

Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	

Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	

Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	

Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	