

Manufacturer & Authorized Dealer (AD) Information

Manufacturer/Contractor Information (for Ordering and Contract Administration Purposes)			
Company Name:	TMC Furniture, Inc.		
Address:	119 E. Ann Street Ann Arbor, MI 48104		
Federal ID #:	38-3430617		
NYS Vendor ID#:	1100067261		
Minority/Women Owned or Small Business Indicate M, W or S	N/A		
Contract Administrator Name:	Julie Moore-Miller		
Title:	VP of Operations		
Telephone Number:	734-622-0080		
E-mail:	julie@tmcfurniture.com		
FAX:	734-622-0088		
Orders Placed Directly with Contractor <input type="checkbox"/>	Orders Placed Directly with AD <input type="checkbox"/>		
Contract "Toll" Free Support Number:		Guaranteed Product Delivery Timeframe: 120	Calendar 120 days ARO

BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY

Authorized Dealer Information			
Company Name:	Creative Library Concepts Inc.		
Address:	490 Highway 33 West, Bldg. 2 Unit 3 Millstone Township, NJ 08535		
Minority/Women Owned or Small Business Indicate M, W or S	N/A		
Federal ID #:	22-2753756		
NYS Vendor ID#:	1000030538		
Contract Administrator Name:	Dave Kingsburg		
Title:	President		
Telephone Number:	908-276-9200		
E-mail:	dkingsburg@creativelibraryconcepts.com		
FAX:	908-276-9217		
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:	