

CONTRACTOR INFORMATION (for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION

Company Name:	PASCO scientific		
Address (from first page of Bid):	10101 Foothills Blvd Roseville, CA 95747		
Company Website:	www.pasco.com		
Federal ID #:	94-2266817		
NYS Vendor ID #:	1000009789		

CENTRALIZED CONTRACT

Contract Administrator Name:	Greg Montgomery		
Title:	Bid & Contract Specialist II		
Address:	10101 Foothills Blvd Roseville, CA 95747		
E-mail:	bids@pasco.com		
Telephone Number:	(916) 786-3800	Fax Number:	(916) 786-7565
Toll Free Telephone Number:	(800) 772-8700	Toll Free Fax Number:	

SALES/BILLING (if different from above)

Contact Name:	Margit Montgomery		
Title:	Accounting		
Address:	10101 Foothills Blvd Roseville, CA 95747		
E-mail:	mmontgomery@pasco.com		
Telephone Number:	(916) 786-3800	Fax Number:	(916) 786-8905
Toll Free Telephone Number:	(800) 772-8700	Toll Free Fax Number:	

MAINTENANCE/SERVICE (if different from above)

Contact Name:	Sara McGeroge		
Title:	Customer Service Representative		
Address:	10101 Foothills Blvd Roseville, CA 95747		
E-mail:	:		
Hours of Availability:	M - Th 6:30am - 3:30pm PST Fri 8:00am - 2:00pm PST		
Telephone Number:	(916) 786-3800	Fax Number:	(916) 786-7565
Toll Free Telephone Number:	(800) 772-8700	Toll Free Fax Number:	

EMERGENCIES

Contact Name:	Greg Montgomery		
Phone:	(916) 786-3800		
Cell Phone:	(916) 764-8426		
Fax Number:	(916) 786-7565		
E-Mail:	bids@pasco.com	montgomery@pasco.com	

RESELLER/DISTRIBUTOR INFORMATION

RESELLER/DISTRIBUTOR	
Company Name:	N/A
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR	
Company Name:	N/A
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR	
Company Name:	N/A
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR	
Company Name:	N/A
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR	
Company Name:	N/A
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	

RESELLER/DISTRIBUTOR	
Company Name:	N/A
Address:	
Federal ID #:	
NYS Vendor ID #:	
Contact Name:	
Title:	
E-mail:	
Hours of Availability:	
Telephone Number:	Fax Number:
MWBE Certification:	<input type="checkbox"/> Women owned <input type="checkbox"/> Minority owned <input type="checkbox"/> Both
SBE:	<input type="checkbox"/> NYS Small Business Enterprise (self-identified)
Reseller is Authorized to:	<input type="checkbox"/> Take Orders <input type="checkbox"/> Ship Direct <input type="checkbox"/> Receive Payment
Restrictions Applicable to this Reseller (if any):	