

Manufacturer & Authorized Dealer (AD) Information

Manufacturer/Contractor Information (for Ordering and Contract Administration Purposes)			
Company Name:	Toledo Furniture, Inc.		
Address:	P.O. Box 431		
	2018 West Main St.		
	Stroudsburg, PA 18360		
Federal ID #:			
NYS Vendor ID#:			
Minority/Women Owned or Small Business Indicate M, W or S			
Contract Administrator Name:	Rod Baechtold		
Title:	Sales Mgr.		
Telephone Number:	800-367-6169 or 570-213-0369		
E-mail:	rbaechtold@toledofurniture.com		
FAX:	800-443-4329		
Orders Placed Directly with Contractor <input type="checkbox"/>	Orders Placed Directly with AD <input checked="" type="checkbox"/>		
Contract "Toll" Free Support Number:	800-367-6169	Guaranteed Product Delivery Timeframe:	Calendar 36 - 48_days ARO

BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY

Authorized Dealer Information	
Company Name:	Nickerson Corporation
Address:	11 Moffitt Blvd
	Bay Shore, NY 11706
Minority/Women Owned or Small Business Indicate M , W or S	WBE
Federal ID #:	060905538
NYS Vendor ID#:	1000005344
Contract Administrator Name:	Bruce Paci
Title:	Vice President
Telephone Number:	631-666-0200 x30
E-mail:	bpaci@nickersoncorp.com
FAX:	631-666-2667
Authorized Dealer Information	
Company Name:	A.T. Equipment Sales Corporation
Address:	130 Brook Street, Suite LL-1
	Scarsdale, NY 10583
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	262096001
NYS Vendor ID#:	1100027732
Contract Administrator Name:	Stacy Steward
Title:	Corporate Secretary
Telephone Number:	914-472-7222
E-mail:	stacy@atequipmentsales.com
FAX:	914-472-7222

Authorized Dealer Information	
Company Name:	Facilities Equipment Services
Address:	P.O. Box 29 141 First St. Liverpool, NY. 13088
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	16-1117625
NYS Vendor ID#:	1000028685
Contract Administrator Name:	Steve Blanding
Title:	President
Telephone Number:	(585) 586-5420
E-mail:	sbland6740@aol.com
FAX:	(315) 457-0282
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:	
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Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
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