

Manufacturer & Authorized Dealer (AD) Information

Manufacturer/Contractor Information (for Ordering and Contract Administration Purposes)			
Company Name:	Nova Solutions Inc		
Address:	421 W Industrial Ave Edffingham, IL 62401		
Federal ID #:	37-1343933		
NYS Vendor ID#:	1000009228		
Minority/Women Owned or Small Business Indicate M, W or S			
Contract Administrator Name:	Suzanne C lechman		
Title:	Secretary/Treasurer		
Telephone Number:	217-342-7070		
E-mail:	slechman@novasolutionsinc.com		
FAX:	217-342-7006		
Orders Placed Directly with Contractor <input checked="" type="checkbox"/>	Orders Placed Directly with AD X	Rev. 3-17-16	
Contract "Toll" Free Support Number:	800-730-6682	Guaranteed Product Delivery Timeframe:	60 day aro

BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY

Authorized Dealer Information	
Company Name:	Waldner's Business Environments
Address:	125 Route 110 Farmingdale, NY 11735
Minority/Women Owned or Small Business Indicate M , W or S	W, S
Federal ID #:	11-1554704
NYS Vendor ID#:	1000023854
Contract Administrator Name:	Susan Kennedy
Title:	Executive Assistant
Telephone Number:	631-844-9348
E-mail:	skennedy@waldners.com
FAX:	631-694-6303
Authorized Dealer Information	
Company Name:	Empire Office
Address:	105 Madison Ave 15 th Floor New York, NY 10016
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	13-1945763
NYS Vendor ID#:	1100013749
Contract Administrator Name:	Ervin C Roberson
Title:	VP of Gov't, Education & Health
Telephone Number:	212-607-5677
E-mail:	Eroberson@empireoffice.com
FAX:	212-607-5650

Authorized Dealer Information	
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Company Name:	Accent Commercial Furniture Inc
Address:	3 Interstate Ave
	Albany, NY 12205
Minority/Women Owned or Small Business Indicate M , W or S	S
Federal ID #:	14-1620511
NYS Vendor ID#:	1000006902
Contract Administrator Name:	Michael Gleasman
Title:	CEO
Telephone Number:	518-482-4000
E-mail:	michaelg@accentny.com
FAX:	518-482-4000

Authorized Dealer Information	
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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	
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Company Name:	
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NYS Vendor ID#:	
Contract Administrator Name:	
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