

CONTRACTOR INFORMATION (for ordering and contract administration purposes)

CONTRACTOR/COMPANY INFORMATION	
Company Name:	PerkinElmer Health Sciences, Inc.
Address (from first page of Bid):	710 Bridgeport Avenue Shelton, CT 06484
Company Website:	www.perkinelmer.com
Federal ID #:	04-3361624
NYS Vendor ID #:	1000005284

CENTRALIZED CONTRACT			
Contract Administrator Name:	Judith Albrecht		
Title:	Manager, Contracts/Business Support Team		
Address:	710 Bridgeport Avenue Shelton, CT 06484		
E-mail:	judith.albrecht@perkinelmer.com		
Telephone Number:	203-712-8481	Fax Number:	203-944-4953
Toll Free Telephone Number:	800-762-4000	Toll Free Fax Number:	n/a

SALES/BILLING (if different from above)			
Contact Name:	For sales: ContractsShelton@perkinelmer.com and billing is Cheryll Edwards		
Title:	Credit and Collections Analyst		
Address:	710 Bridgeport Avenue Shelton, CT 06484		
E-mail:	cheryll.edwards@perkinelmer.com		
Telephone Number:	203-402-7171	Fax Number:	203-402-1788
Toll Free Telephone Number:	800-762-4000	Toll Free Fax Number:	n/a

MAINTENANCE/SERVICE (if different from above)			
Contact Name:	Margie McCready		
Title:	Sales Support Representative		
Address:	710 Bridgeport Avenue Shelton, CT 06484		
E-mail:	margie.mccready@perkinelmer.com		
Hours of Availability:	8 - 5 est		
Telephone Number:	203-402-1744	Fax Number:	203-944-4983
Toll Free Telephone Number:	800-762-4000	Toll Free Fax Number:	n/a

EMERGENCIES	
Contact Name:	Ted Gresik Environmental Health Products; Paul Vetter Genetic Screening Products; Michael Yates Upstate NY Life Science Products, David Eiserle remaining NY Life Science Products
Phone:	Ted: 203-500-6858; Paul: 301-706-2723; Michael: 716-514-6021; David: 732-928-3003
Cell Phone:	Ted: 203-500-6858; Paul: 301-706-2723; Michael: 716-514-6021; David: 732-261-4225
Fax Number:	

E-Mail:

ted.gresik@perkinelmer.com; paul.vetter@perkinelmer.com;
michael.yates@perkinelmer.com; david.eiserle@perkinelmer.com

RESELLER/DISTRIBUTOR INFORMATION

RESELLER/DISTRIBUTOR	
Company Name:	NOT APPLICABLE
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:	
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:	
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:
Address:
Federal ID #:
NYS Vendor ID #:
Contact Name:
Title:
E-mail:
Hours of Availability:
Telephone Number: Fax Number:
MWBE Certification: Women owned Minority owned Both
SBE: NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: Take Orders Ship Direct Receive Payment
Restrictions Applicable to this Reseller (if any):

RESELLER/DISTRIBUTOR

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

RESELLER/DISTRIBUTOR

Company Name:
Address:
Federal ID #:
NYS Vendor ID #:
Contact Name:
Title:
E-mail:
Hours of Availability:
Telephone Number: Fax Number:
MWBE Certification: Women owned Minority owned Both
SBE: NYS Small Business Enterprise (self-identified)
Reseller is Authorized to: Take Orders Ship Direct Receive Payment

Restrictions Applicable to this
Reseller (if any):