

AUTHORIZED DEALER/RESELLER FORM

(*REQUIRED FIELD)

* **FOR CONTRACTOR/MANUFACTURER:** Interior Concepts, Inc.

SOLICIATION NUMBER: _____ CONTRACT NUMBER: (leave blank)

CONTRACTOR'S/MANUFACTURER'S REPRESENTATIVE: Collin Casey

E:Mail: ccasey@interiorconcepts.com Phone: 616.842.5296

Cell: 616.813.6640

* **AUTHORIZED DEALER/RESELLER:** Contrax Group, LLC

*FEIN (Federal Employer ID Number) 26-3476027

*South Carolina Vendor Registration Number 7000143895

Contract Reference: (leave blank)

***ADDRESS/MAILING INFORMATION:**

*Street Address (no PO Box): Corporate Office: 690 NE 23rd Ave. SC Address: 159 Welborn St.

*City/State/Zip: Corporate Office: Gainesville, FL 32609 SC Address: Greenville, SC 29601

*Purchase Orders To: Corporate Office (Attn: Josh Rollins)
(if different from above)

*Payments To: Corporate Office (Attn: Cindy Carameros)
(if different from above)

CONTACT INFORMATION:

*WEBSITE: www.contrax.com

*PHONE: 800-699-7516

TOLL FREE: 800-699-7516

FAX: 877-373-0622

***CONTACTS:**

*Name: Jason Zalewski

Name: _____

*Title: Regional Sales Manager

Title: _____

*Email: JZalewski@contrax.com

Email: _____

*Phone: 800-699-7516 or 864-235-6864

Phone: _____

The Authorized Dealer/Reseller will represent the Manufacturer to all State agencies and local political subdivisions within the State of South Carolina and will abide by all terms and conditions as agreed to by the Contractor/Manufacturer.