

AUTHORIZED DEALER/RESELLER FORM

(*REQUIRED FIELD)

*** FOR CONTRACTOR/MANUFACTURER:** Paragon Furniture, LP

SOLICIATION NUMBER: **5400004933** CONTRACT NUMBER: **4400007177**

CONTRACTOR'S/MANUFACTURER'S REPRESENTATIVE: Matt Coyne

E:Mail: mcoyne@paragoninc.com Phone: 817.633.3242

Cell: 817.908.5567

***AUTHORIZED DEALER/RESELLER:** Interior Systems, Inc.

*FEIN (Federal Employer ID Number) 56-1212-908

*South Carolina Vendor Registration Number 7000068097

Contract Reference: (leave blank)

***ADDRESS/MAILING INFORMATION:**

*Street Address (no PO Box): 610 Clemson Road

*City/State/Zip: Columbia, SC 29229

*Purchase Orders To: P.O. Box 529, West End, NC 27376
(if different from above)

*Payments To: P.O. Box 529, West End, NC 27376
(if different from above)

CONTACT INFORMATION:

*WEBSITE: www.interiorsystemsinc.com

*PHONE: 910-673-0633 TOLL FREE: 800-422-1577

FAX: 910-673-2646

***CONTACTS:**

*Name: Christina Berg

Name: Nancy Bagwell

*Title: Sales Executive

Title: Sales Executive

*Email: christina.berg@interiorsystemsinc.com

Email: nancyebagwell@aol.com

*Phone: 843-703-9095

Phone: 704-364-3972

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.