

**AUTHORIZED DEALER/RESELLER FORM**

(\*REQUIRED FIELD)

\* **FOR CONTRACTOR/MANUFACTURER:** Whitney Brothers

SOLICIATION NUMBER: **5400004933** CONTRACT NUMBER: leave blank

CONTRACTOR'S/MANUFACTURER'S REPRESENTATIVE: **Brian Vaillancourt**

E:Mail: brianv@whitneybros.com Phone: **603-352-2610 x 112**

Cell: **603-831-2227**

\***AUTHORIZED DEALER/RESELLER:** Kaplan Early Learning Company

\*FEIN (Federal Employer ID Number) **56-0935286**

\*South Carolina Vendor Registration Number 09922098-9

Contract Reference: (leave blank)

**\*ADDRESS/MAILING INFORMATION:**

\*Street Address (no PO Box ): PO Box 609

\*City/State/Zip: Lewisville, NC 27023

\*Purchase Orders To: \_\_\_\_\_  
(if different from above)

\*Payments To: PO Box 890575, Charlotte, NC 28289-0575  
(if different from above)

**CONTACT INFORMATION:**

\*WEBSITE: www.kaplanco.com

\*PHONE: 800-334-2014 TOLL FREE: same

FAX: 336-712-2243

**\*CONTACTS:**

\*Name: Kate Shelton Name: **Terry Floyd**

\*Title: **Bids/Contracts Manager** Title: **Contract Agent**

\*Email: bids@kaplanco.com Email: **bids@kaplanco.com**

\*Phone: 800-334-2014 Phone: **800-334-2014**

The Authorized Dealer/Reseller will represent the Manufacturer to 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.