

AUTHORIZED DEALER/RESELLER FORM

(*REQUIRED FIELD)

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

SOLICIATION NUMBER: 5400004933 CONTRACT NUMBER: _____

CONTRACTOR'S/MANUFACTURER'S REPRESENTATIVE : Brian Vaillancourt

E:Mail briany@whitneybros.com Phone 603.352.2610x112
Cell: 603.831.2227

* **AUTHORIZED DEALER/RESELLER:** Lorick Office Products

*FEIN (Federal Employer ID Number) 57-0335370

*South Carolina Vendor Registration Number 7000074567

Contract Reference: (leave blank)

*** ADDRESS/MAILING INFORMATION:**

*Street Address (no PO Box): 910 Washington Street

*City/State/Zip: Columbia, SC 29201

*Purchase Orders To: PO Box 2747 Columbia SC 29202
(if different from above)

*Payments To: PO Box 2747 Columbia SC 29202
(if different from above)

CONTACT INFORMATION:

*WEBSITE: www.lorick.com

*PHONE: 803-252-5380 TOLL FREE: 800-844-0105

FAX: 803-799-2342

*** CONTACTS:**

*Name: Carol McCall Name: Jeanne Lorick Brutschy

*Title: Furniture Mgr Title: president

*Email: cmccall@lorick.com Email: jbrutschy@lorick.com

*Phone: 803-252-5380 Phone: 803-252-5380

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.