

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:** **Nu-Idea School Supply**

*FEIN (Federal Employer ID Number) **57-0217956**

*South Carolina Vendor Registration Number **7000077602**

Contract Reference: (leave blank)

***ADDRESS/MAILING INFORMATION:**

*Street Address (no PO Box): **230 E. Liberty St.**

*City/State/Zip: **Sumter, SC 29150**

*Purchase Orders To: **PO Box 1248, Sumter, SC 29151**
(if different from above)

*Payments To: _____
(if different from above)

CONTACT INFORMATION:

*WEBSITE: **www.nu-idea.com**

*PHONE: **803-773-7389** TOLL FREE: **800-527-0424**

FAX: **803-773-0787**

***CONTACTS:**

*Name: **Mike Sawyer** Name: _____

*Title: **VP of Sales** Title: _____

*Email: **m.sawyer@nu-idea.com** Email: _____

*Phone: **803-773-7389** Phone: _____

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.