

**AUTHORIZED SERVICING DEALER & MANUFACTURER
REPRESENTATIVES FORM**

SERVICING DEALERS

Per the requirements listed in the Servicing Dealer paragraph, Special Conditions, 3.15, please list below all authorized servicing dealers that will be providing service/product by participating on your State Contract. The following information must be completed in its entirety for each dealer:

Dealer Name: Contrax Furnishings _____
Dealer Address: 620 N.E. 23rd Avenue _____
City, State, Zip Code: Gainesville, FL 32609 _____
Office Phone/Fax: 904-373-2305 _____
Email Address: _____
Contact Person: Rick Stolz _____
Vendor Tax ID Number: _____

Dealer Name: Fisman & Assoc _____
Dealer Address: 143 East Miami Ave _____
City, State, Zip Code: Venice, FL 34285 _____
Office Phone/Fax: 941-468-9399/941-484-8811 _____
Email Address: pam@fishmaninc.com _____
Contact Person: Pam Rodgers _____
Vendor Tax ID Number: _____

*Please identify any CMBE (Certified Minority Business Enterprise) dealers participating in this contract.

Manufacturer Representation

Please list below all field representatives (directly employed by the manufacturer) that will be participating on your State Contract team.

Manufacturer's representative: Michelle Sikora _____
Position title: Area Sales Manager _____
Address: 1301 W 400 N _____
Office phone / fax: 800-727-6238 _____
Cell phone / pager: _____
Email address: michelsi@mitylite.com _____
Geographic area of territory: Northern and Central Florida _____

Manufacturer's representative: Jon D'Arc _____
Position title: Area Sales Manager _____
Address: 1301 W 400 N _____
Office phone / fax: 800-280-3455 _____

Cell phone / pager: _____
Email address: jond@mitylite.com _____
Geographic area of territory: Southwestern Florida _____

Manufacturer's representative: James Sparks _____
Position title: Area Sales Manager _____
Address: 1301 W 400 N _____
Office phone / fax: 800-867-5490 _____
Cell phone / pager: _____
Email address: jamesp@mitylite.com _____
Geographic area of territory: Southeastern Florida _____

THIS FORM MAY BE DUPLICATED AS NECESSARY