

OFFICE FURNITURE & FILES
ORDERING INSTRUCTIONS FORM

BIDDER: Artopex Plus, Inc.

VENDOR TAX ID NUMBER: N980149704

Ordering Information:

Please provide the following information about where Customers should direct orders. You **must** provide a regular mailing address and email address. If equipped to receive purchase orders electronically, you may also provide an Internet address. **NOTE: Duplicate as necessary for multiple ordering locations.**

Name: Susan Price

Title: Customer Service Manager

Street Address or P.O. Box: 800 rue Vadnais

City, State, Zip: Granby, Quebec, J2J 1A7 (Canada)

Email Address: sales@artopex.com

Phone Number: _____

Toll Free Number: 800-363-3040

Ordering Fax Number: 450-378-9712

Internet Address: www.burby.com/state_2006_artopex.htm

Federal ID Number: N980149704

Remit Address: same as above

City, State, Zip: _____

Please identify the person who will be responsible for administering the Contract on your behalf if award is made, and include an emergency contact phone number:

Name: Jill Voegele

Title: Sales Associate, Burby & Associates, Inc.

Street Address: 1300 Lancelot Way, Casselberry, FL 32707

E-mail Address: jill@burby.com

Phone Number(s): 407-696-4572 (office) / 407-383-8211 (cell)

Fax Number: 407-696-4273

If the person responsible for answering questions about the bid is different from the person identified above, please provide the same information for that person.

Name: _____

Title: _____

E-mail Address: _____

Phone Number(s): _____

Fax Number: _____

Please identify the person who will be responsible for maintaining the dedicated web site AND the electronic catalog information through MyFloridaMarketPlace.

Name: Jill Voegele

Title: Sales Associates, Burby & Associates, Inc., Manufacturer's Representative

Street Address: 1300 Lancelot Way, Casselberry, FL 32707

E-mail Address: jill@burby.com

Phone Number(s): 407-696-4572 / 407-383-8211 (cell)

Fax Number: 407-696-4273

Please be advised that vendors are responsible for verifying and maintaining the correct contact and address information within their MyFloridaMarketPlace vendor registration account. Failure to do so may result in the vendor being deemed ineligible to conduct business with the State of Florida.

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Name: Authorized Servicing Dealer (see dealer list for details)

Title: _____

Street Address or P.O. Box: _____

City, State, Zip: _____

Email Address: _____

Phone Number: _____

Toll Free Number: _____

Ordering Fax Number: _____

Internet Address: _____

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