



## Awarded Supplier Information

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**Supplier Name:** Brownco Manufacturing &  
Sales, LLC

**Supplier ID #:** 0000379946

**Supplier Address:** 1525 North 105<sup>th</sup> East Avenue

**City:** Tulsa

**State:** OK

**Zip Code:** 74116 - 1515

**Contact Person Name:** Dana Todd

**Phone #:** 1-918-640-0301

**Title:** Sales

**Fax #:** 1-918-794-2854

**Email:** dana@browncomfg.com

**Website:**

**Authorized Location:** ☐ **Locations list attached as (*attachment title*)**

☐ **Address:**

**City:**

**State:**

**Zip Code:**

**Contract ID #:** 5269

**Delivery:** FOB Brownco or freight charges will be added.

**Minimum Order:** Prices are for full truckloads. Partial loads may incur additional charges.

**P/Card Accepted:** ☒ Yes ☐ No

**Other:**

**Supplier Name:** Dolese Bros. Co.

**Supplier ID #:** 000075076

**Supplier Address:** PO Box 667, 20 N.W. 13<sup>th</sup>  
Street

**City:** Oklahoma City

**State:** OK

**Zip Code:** 73101 -

**Contact Person Name:** Robert Wigington

**Phone #:** 1-405-297-8315

**Title:** Assistant Sales Manager

**Fax #:** 1-405-297-8329

**Email:** rwigington@dolese.com

**Website:** www.dolese.com

**Authorized Location:** ☐ **Locations list attached as (*attachment title*)**

☐ **Address:**

**City:**

**State:**

**Zip Code:**

**Contract ID #:** 5268

**Delivery:** Freight charges added if not picked up at Dolese Bros. Freight will be based upon the quantity ordered and the required delivery location.

**Minimum Order:** Price is based on full truck quantities of 11 full pallets or 880 bags per load.

**P/Card Accepted:** ☒ Yes ☐ No

**Other:** This is a non-standard item. Please allow 6-8 weeks lead time. There are no returns on non-stock items. On delivered items, the customer must have a forklift to unload the material and material must be unloaded 30 minutes of arrival or a \$150.00 per hour holding charge will apply.

Masonry Sales

Email: [masonrysales@dolese.com](mailto:masonrysales@dolese.com)

Phone: 405-297-8315

Fax: 405-297-8329

**Supplier Name:**

**Supplier ID #:**

**Supplier Address:**

**City:**

**State:**

**Zip Code:**

-

**Contact Person Name:**

**Phone #:** 1- - -

**Title:**

**Fax #:** 1- - -

**Email:**

**Website:**

**Authorized Location:** ☐ Locations list attached as (*attachment title*)

☐ **Address:**

**City:**

**State:**

**Zip Code:**

**Contract ID #:**

**Delivery:**

**Minimum Order:**

**P/Card Accepted:** ☐ Yes ☐ No

**Other:**

**Supplier Name:**

**Supplier ID #:**

**Supplier Address:**

**City:**

**State:**

**Zip Code:**

-

**Contact Person Name:**

**Phone #:** 1- - -

**Title:**

**Fax #:** 1- - -

**Email:**

**Website:**

**Authorized Location:** ☐ **Locations list attached as (*attachment title*)**

☐ **Address:**

**City:**

**State:**

**Zip Code:**

**Contract ID #:**

**Delivery:**

**Minimum Order:**

**P/Card Accepted:** ☐ **Yes**

☐ **No**

**Other:**