



Awarded Supplier Information

Supplier Name: Brownco Manufacturing & Sales, LLC

Supplier ID #: 0000379946

Supplier Address: 1525 North 105th 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. 13th 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
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: