



## Awarded Supplier Information

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**Supplier Name:** Metrasens

**Supplier ID #:** 0000410006

**Supplier Address:** 2150 Western Ct. Suite 360

**City:** Lisle

**State:** IL

**Zip Code:** 60532

**Contact Person Name:** Mike Hynes

**Phone #:** 1-704-785-5444

**Title:** Director of Key Accounts

**Fax #:** 1-630-541-5733

**Email:** mhynes@metrasens.com

**Website:** [www.metrasens.com](http://www.metrasens.com)

**P/Card Accepted:** ☒ Yes ☐ No

**Other:**