



**Supplier name:** Korman Signs Inc

**Supplier ID #:** 0000071339

**Supplier address:** 3029 Lincoln Ave

**City:** Henrico

**State:** VA

**Zip Code:** 23228

**Contact person name:** Bill Korman

**Phone #:** 1-804-262-6050

**Title:** Contract Administrator

**Fax #:** 804-262-3883

**Email:** [Korman@kormansigns.com](mailto:Korman@kormansigns.com)

**Website:** <https://kormansigns.com/>

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

☐ Address:

**City:**

**State:**

**Zip Code:**

**Contract ID #:** 0-6175

**Delivery:**

**Minimum order:**

**P-card accepted:** ☐ Yes

☐ No

**Other:**