



Statewide Contract Summary

Official signed contract documents are on file with OMES Central Purchasing.

Contract title: Snow Removal Equipment

Contract Number: SW0500

Date of Contract issuance: 01/24/2023 for WINTER EQUIPMENT COMPANY INCORPORATED

Contract period: 01/24/2023 through 01/23/2024

Agreement period: 01/24/2023 through 01/23/2025

Type of contract: Mandatory ☒ Non-Mandatory ☐

OMES Central Purchasing contact: Lisa Bradley

Title: Contracting Officer

Phone: (405) - 522 - 4480

Email: Lisa.Bradley@omes.ok.gov

Supplier name: Winter Ter Equipment Company INC

Supplier ID #: 0000505630

Contract ID #: 0-6773

Supplier Point of Contact: Christine Marsiglio

Supplier address: 1900 Joseph Lloyd PKWY

City: Willoughby

State: OH

Zip Code: 44094-8030

Phone #: 1 -440 -946 -8377

Email: cmarsiglio@winterequipment.com

Contract Overview:

The Contract is awarded as a statewide contract for Oklahoma, Snow removal Equipment solutions described.

Authorized Users:

All state departments, boards, commissions, agencies, and institutions, in Addition to counties, school districts and municipalities which may avail themselves of this contract.

How to order:

1. For product and pricing information review awarded contract documents "Attachment Named SW0500 Pricing in excel format.
 2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0500
 3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0500 on your purchase order by attaching the PeopleSoft Contract.
 4. Email your purchase order to the designated supplier sales representative.
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Available Brands:

WINTER EQUIPMENT COMPANY INCORPORATED

Available Products and Services:

WINTER EQUIPMENT COMPANY INC: Snow Removal Equipment: Plow Blade saver blade, SYS-RZX10 10 ft Razor XL System, SYS-RZX11 11 ft Razor XL System, and SYS-RZX112 12 ft Razor XL

Authorized Dealer/Reseller(s):

Supplier name:

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1 - - -

Email:

Supplier name:

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

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Phone #: 1 - - -

Email: