



---

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

**Contract title:** SW0185 Equipment Rental

**Contract Number:** SW0185UN - PS contract#0- 7158

**Date of Contract issuance:** 11/04/2023

**Contract period:** 11/04/2023 through 11/03/2024

**Agreement period:** 11/04/2023 through 11/03/2028

**Type of contract:** Mandatory  Non-Mandatory

**OMES Central Purchasing contact:** Cini Zacharia, CPOII

**Title:** Contracting Officer II

**Phone:** (405) -522 - 9078

**Email:** [Cini.zacharia@omes.ok.gov](mailto:Cini.zacharia@omes.ok.gov)

**Supplier name:** UNITED RENTALS NORTH AMERICA INC

**Supplier ID #0000078067**

**Contract ID #: 0-7158**

**Supplier Point of Contact:** Jed Anderson OR David Winham

**Supplier address:** 12802 TAMPA OAKS BLVD STE 350

**City:** TEMPLE TERRACE

**State:** FL

**Zip code:** 33637-1916

**Phone #:** 1-580-222-8694 or 877-874-4468

**Email:** [govrents@ur.com](mailto:govrents@ur.com)

[Janderson3@ur.com](mailto:Janderson3@ur.com)

**Contract Overview:**

**This Statewide Contract resulted from the Solicitation #EV00000317 for SW0185- Equipment Rental.**

---

---

---

---

**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 -Pricing".
  2. Request a quote from the supplier or any approved authorized dealer listed below. All quotes must reference SW0185UN
  3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0185UN on your purchase order by attaching the PeopleSoft Contract.
  4. Email your purchase order to the designated supplier sales representative
- 
- 
- 
- 

**Available Brands:**

**United Rentals North America Inc.**

---

---

**Available Products and Services:**

**Equipment Rental – Daily, Weekly and Monthly**

---

---

---

**Authorized Dealer/Reseller(s):**

**Supplier name:** NA

**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:**

-

**Phone #:** 1 - - -

**Email:**