



# Departmental Purchase Requisition

Company Furniture Solutions Now, LTD  
 Address 1505 Oak Lawn Ave  
 City Dallas  
 State TX Zip/Postal Code 75207  
 Country US

Budget Number Texoma HIDTA  
 Request Date 07/19/22  
 Phone Number 214-357-9111  
 Fax Number 214-357-9112  
 Contact Name Richard Carroll

Item No.	Description	Quantity	Unit Cost	Amount
1	48"X168 Conference Table	1	\$2,429.65	\$2,429.65
2	48"X192" Conference Table	1	\$2,543.43	\$2,543.43
3	Paxton Side Chairs	52	\$106.93	\$5,560.36
4	Calibrate ushape desk, bridge, credenza	24	\$3,134.58	\$75,229.92
5	6x6 cubicle	18	\$1,966.16	\$35,390.88
6	6x7 cubicle	140	\$2,015.12	\$282,116.80
7	rectangular work table	1	\$307.60	\$307.60
8	60"x 30" height adjustable desk 60"x24 credenza	2	\$2,750.59	\$5,501.18
9	office 110 30"x72" adjustable desk	1	\$543.30	\$543.30
10	labor install and delivery	1	\$63,906.50	\$63,906.50
<b>Comments</b>		PO 2022 Asset Forf Supplies - \$260,441		Subtotal \$473,529.62
2022 OPS - Supplies \$149,182.12; OPS 2022 Services \$63,906.50		Shipping Charge		Total \$473,529.62

  
 Authorized by Official/Department Head

Date: 7/21/2022

Return To: Navarro County Auditor's Office  
 601 North 13th Street, Suite 6  
 Corsicana, Texas 75110

**Auditor Use Only**

Vendor No: \_\_\_\_\_  
 Purchase Order No: \_\_\_\_\_  
 G/L Account No: \_\_\_\_\_  
 Auditor Approval: \_\_\_\_\_

RECEIVED

JUL 20 2022

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

NAVARRO COUNTY  
AUDITOR'S OFFICE  
Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**FURNITURE SOLUTIONS NOW, LTD**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**1505 OAK LAWN AVE**

6 City, state, and ZIP code  
**DALLAS, TX 75207**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

OR

Employer identification number

7	5	-	2	9	3	1	3	5	3
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person    *Charles Shurtin*    Date ▶    *8-6-2021*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

PROPOSAL

# furniture solutions now

pre-owned/new furniture + liquidation services + furniture repair/refinish

1505 Oak Lawn Avenue, Suite 100 • Dallas, TX 75207 • 214.879.0500

DATE: 07/19/22

PROPOSAL: 52997

PROJECT # 129-92

FURNITURE SALES

<b>CUSTOMER:</b>	<b>INSTALL AT:</b>
NAVARRO COUNTY 6303 COMMERCE DR IRVING, TX 75063	TEXOMA HIGH INTENSITY DRUG TRAFFICKING AREA 6303 COMMERCE DR IRVING, TX 75063

SALESPERSON  
MARK GILSDORF

TERMS  
SEE BELOW

CHRISTINE LUNGER  
214-763-6687

QUOTE VALID  
08/15/22

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
			NEW AIS DIVI CUBICLES/ CALIBRATE OFFICE NEW OFFICE FURNITURE CONFERENCE TABLES, CUBICLE WORK STATIONS, GUEST CHAIRS CONTRACT #R191801 OMNIA PARTNERS, PUBLIC SECTOR ACCOUNT CODE : ACCT-OMNIA		
1	1		AIS CALIBRATE 48" X 168" BOAT SHAPE, KNIFE EDGE CONFERENCE TABLE 2 POWER MODULES	2,429.65	2,429.65
2	1		AIS CALIBRATE 48" X 192" BOAT SHAPE, KNIFE EDGE CONFERENCE TABLE 2 POWER MODULES	2,543.43	2,543.43
3	18		DIVI 6' X 6' X 58" SPINE POWERED WORK STATIONS, 48" X 24" HEIGHT ADJUSTABLE DESK FILE/FILE STORAGE PEDESTAL, 36" FLIPPER DOOR OVERHEAD STORAGE, TASK LIGHT	1,966.16	35,390.88
4	1		OFFICE 110 CALIBRATE SINGLE 30" X 72" HEIGHT ADJUSTABLE DESK	543.30	543.30
5	2		ADD ON OFFICE CALIBRATE 60" X 30" HEIGHT ADJUSTABLE DESK 60" X 24" CREDENZA, 14D X 53H X 60W OVERHEAD STORAGE HUTCH FILE/FILE STORAGE PEDESTAL, TASK LIGHT	2,750.59	5,501.18

PROPOSAL

DATE: 07/19/22

PROPOSAL: 52997

PROJECT # 129-92

FURNITURE SALES

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1505 Oak Lawn Avenue, Suite 100 • Dallas, TX 75207 • 214.879.0500

<b>CUSTOMER:</b>	<b>INSTALL AT:</b>
NAVARRO COUNTY 6303 COMMERCE DR IRVING, TX 75063	TEXOMA HIGH INTENSITY DRUG TRAFFICKING AREA 6303 COMMERCE DR IRVING, TX 75063

SALESPERSON  
MARK GILSDORF

TERMS  
SEE BELOW

CHRISTINE LUNGER  
214-763-6687

QUOTE VALID  
08/15/22

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
6	1		ADD-ON OFFICE 30" X 60" RECTANGULAR WORK TABLE	307.60	307.60
7	24		CALIBRATE 72" X 30" HEIGHT ADJUSTABLE U-SHAPE FULL MODESTY DESK 24" X 48" BRIDGE 24" X 72" CREDENZA, 14D X 53"H X 72W OVERHEAD HUTCH, FILE/FILE STORAGE PEDESTAL TASK LIGHT	3,134.58	75,229.92
8	52		PAXTON SIDE CHAIRS, BLACK MESH BACK AND SEAT	106.93	5,560.36
9	140		DIVI 6' X 7' X 58" SPINE POWERED WORK STATIONS, 24" X 60" HEIGHT ADJUSTABLE DESK, FILE/FILE STORAGE PEDESTAL, TASK LIGHT 36" FLIPPER DOOR OVERHEAD  LABOR TO DELIVER AND INSTALL	2,015.12	282,116.80
**ALL SALES FINAL**					

PROPOSAL

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pre-owned/new furniture + liquidation services + furniture repair/refinish

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DATE: 07/19/22

PROPOSAL: 52997

PROJECT # 129-92

FURNITURE SALES

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NAVARRO COUNTY 6303 COMMERCE DR IRVING, TX 75063	TEXOMA HIGH INTENSITY DRUG TRAFFICKING AREA 6303 COMMERCE DR IRVING, TX 75063

SALESPERSON  
MARK GILSDORF

TERMS  
SEE BELOW

CHRISTINE LUNGER  
214-763-6687

QUOTE VALID  
08/15/22

#	QTY	PRODUCT	DESCRIPTION	SELL	EXTENDED
<p>ACCEPTED BY _____ SIGNATURE</p> <p>ACCEPTED BY _____ PLEASE PRINT NAME</p> <p>DATE ACCEPTED _____</p> <p>THIS PROPOSAL IS PROPRIETARY AND CONFIDENTIAL. TERMS: PAYMENT IN FULL REQUIRED TO PROCESS ORDER 50% WITH ORDER, 40% AT PRODUCT SHIPMENT AND 10% AT COMPLETION OF INSTALL</p>					
			PRODUCT		409,623.12
			LABOR		63,906.50
			TOTAL		473,529.62
			DEPOSIT:		

## Furniture Solutions Now, Ltd. Terms and Conditions

**Agreement Between The Parties:** This agreement constitutes the entire agreement between Furniture Solutions Now, Ltd. (FSN hereafter) and the Customer. Aside from Customer signed change orders, no other representations or statements will be binding upon those parties. If any part of this agreement is found to be invalid or unenforceable for any reason, the remaining terms and conditions of this agreement shall remain in full force and effect. **Quotation Term:** Quoted prices are good for thirty (30) calendar days from the date of the quotation.

**Deposit, Invoicing, and Payment Terms:** FSN typically requires a nonrefundable order deposit of 50% of proposal prior to processing / ordering product and services in client proposal. FSN to provide order deposit invoice, due upon receipt, to client at the time of proposal acceptance, interim payment invoice, due upon receipt and product shipment from manufacturer, distributor, or service provider. The remaining 10% is retainage due upon completion of product installation.

**Withholding:** Customer agrees not to withhold undisputed Furniture Solutions Now, Ltd.'s payment amounts beyond the agreed payment term. Withholding payment beyond the agreement terms shall void all FSN warranties or repair liability. A service charge of 1½% per month (not to exceed the maximum rate permitted by applicable law) will be added to all invoices not paid within agreed terms.

**Installation Charges:** Installation charges are based on regular business working hours (7:00 a.m. to 6:00 p.m.), Monday through Friday. Services provided outside of these hours are charged at an overtime premium. Installation charges are based upon available and unencumbered entry and work space that is completely clear of physical obstruction or other suppliers' employees.

**Additionally Billable Events:** Additionally billable events outside of the proposed Scope of Work may include, but are not limited to, Customer's failure to perform certain agreed upon tasks per schedule, incomplete installation area finish out, delay from elevator malfunction, power failure, weather delay, significant traffic delay, worksite obstruction by Customer or construction personnel, services and materials requested by Customer outside of proposed Scope of Work, debris unrelated to product installation, or additional Customer requests.

**Order Cancellation or Change:** Product orders may not be cancelled or changed once the product manufacturer acknowledges the order back to FSN unless agreed in writing by FSN. In the event of approved cancellation, Customer agrees to pay cancellation or applicable restocking charges. Product shipped from manufacturer stock, such as quick-ship programs, cannot be cancelled or changed.

**Security Interest:** FSN hereby retains, and Customer hereby grants FSN, a security interest in the quoted product equal to the unpaid balance of all moneys due until all moneys due are paid in full. Customer hereby appoints FSN as its true and lawful attorney-in-fact for purposes of executing all documentation necessary to evidence and perfect this security interest. Title to product transfers to Client upon its departure from manufacturer / distributor dock.

**Plans / Drawings:** FSN will provide two (2) material revisions per floor of furniture plan drawings at no extra cost to Customer. Additional revisions and copies of drawings are billable to Customer. FSN is not responsible for verifying Customer supplied drawings against actual base building dimensions or the placing of architectural core locations.

**Site Access:** Customer is to ensure unrestricted access to all facilities, including elevators and loading docks, required to for delivery, installation, and post product punch list activity of product. FSN is not liable for dock fees, elevator use, operator, mechanic, or elevator top/bottom car fees in any event.

**Site Security, Missing Items:** Customer is to provide all worksite and asset security it desires at all times. Once product has been delivered to Customer's location, Customer is solely responsible for loss or damage to the product. Customer agrees to hold FSN harmless from all liability for missing product, missing items including, but not limited to, pens, cell phones, purses or their contents, laptops, PDAs, cash, checks; either owned by the Customer or the Customer's employees.

**Customer Personnel and/or Representatives:** Customer agrees to assign Coordination Personnel to assist in scheduling and coordination of asset removal or product installation tasks. FSN is not responsible for any cost associated with Customer's employees, representatives, loss of market, loss of use, employee or representative vehicles, and/or equipment of any other supplier in any event.

**Storage:** Unless agreed in writing otherwise, FSN will begin charging Customer for storage starting fifteen (15) calendar days after FSN receives Customer's product into storage.

**Manufacturer Delays and Customer Performance:** FSN is a contract furniture reseller. FSN is not financially responsible for changes to previously announced manufacturers' lead times, changes to product shipment schedules, inter & intra-State transportation delivery delay, or Customer's failure to perform, and/or any other activities/events outside FSN's direct control. FSN is not responsible for liquidated damages, loss of use, or loss of market in any event. **Warranties:** FSN warrants its installation services for twelve months beyond product installation. All product warranties are provided by the product manufacturer.

**Drop Ship Liability:** Unless otherwise agreed in writing, receiving, delivery, installation, damage claims, and all other service and freight issues relative to drop ship orders are Customer's sole responsibility.

**Product and Facility Damage Reporting, FSN's Right to Repair:** Within five business days after FSN installs product, Customer agrees to provide FSN with a written punchlist of product or facility damage issues. Customer grants FSN the option to repair any damage that in FSN's opinion is repairable. All repairs must be completed to the Customer's satisfaction. Customer agrees that FSN will not be held responsible for damage related contractor expenses without FSN's express written consent provided prior to the contractor work taking place.

**Taxes / Laws:** Notwithstanding anything to the contrary, for purposes of personal property tax liability, the product is deemed to be Customer's property on December 31, regardless of its physical location. Customer is solely responsible for compliance with all applicable laws relating to the tax liability, installation, use, operation, and maintenance of the product.

Client Initial: \_\_\_\_\_ Date : \_\_\_\_\_



# CORPORATE SOURCE, LTD.

Unique Entity ID <b>CNM5Q2DWM6N5</b>	CAGE / NCAGE <b>3T8F8</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Inactive Registration</b>	Expiration Date <b>Jun 11, 2022</b>	
Physical Address <b>1505 Oak Lawn AVE STE 300 Dallas, Texas 75207-3620 United States</b>	Mailing Address <b>1505 Oak Lawn AVE, Suite 300 Dallas, Texas 75207-3622 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Texas 30</b>	State / Country of Incorporation <b>Texas / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>May 14, 2021</b>	Submission Date <b>May 12, 2021</b>	Initial Registration Date <b>Apr 14, 2004</b>
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## Entity Dates

Entity Start Date <b>Apr 1, 2001</b>	Fiscal Year End Close Date <b>Dec 31</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

## Exclusion Summary

Active Exclusions Records?

No

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results

Yes

## Entity Types

Business Types	Entity Type	Organization Factors
Entity Structure <b>Partnership or Limited Liability Partnership</b>	<b>Business or Organization</b>	<b>Manufacturer of Goods</b>
Profit Structure <b>For Profit Organization</b>		

**Socio-Economic Types**

**Woman Owned Business**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Financial Information**

Accepts Credit Card Payments Yes	Debt Subject To Offset No
EFT Indicator 0000	CAGE Code 3T8F8

**Points of Contact**

**Electronic Business**

✕ CHERYL SHELTON	1505 Oak Lawn AVE Suite 300 Dallas, Texas 75207 United States
CHERYL SHELTON	1505 Oak Lawn AVE Suite 300 Dallas, Texas 75207 United States

**Government Business**

✕ CHERYL SHELTON	1505 Oak Lawn AVE Suite 300 Dallas, Texas 75207 United States
CHERYL SHELTON	1505 Oak Lawn AVE Suite 300 Dallas, Texas 75207 United States

**Past Performance**

✕ CHERYL SHELTON	1595 Oak Lawn AVE Suite 300 Dallas, Texas 75207 United States
CHERYL SHELTON	1505 Oak Lawn AVE Suite 300 Dallas, Texas 75207 United States

**Service Classifications**

NAICS Codes		
Primary	NAICS Codes	NAICS Title
Yes	423210	Furniture Merchant Wholesalers

**Product and Service Codes**

PSC	PSC Name
7110	Office Furniture
N071	Installation Of Equipment- Furniture

**Disaster Response**

This entity does not appear in the disaster response registry





# FURNITURE SOLUTIONS, LLC

Unique Entity ID <b>TBS7ERT8S748</b>	CAGE / NCAGE <b>6QYZ9</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Inactive Registration</b>	Expiration Date <b>Nov 9, 2019</b>	
Physical Address <b>1602 Terre Colony CT Dallas, Texas 75212-6221 United States</b>	Mailing Address <b>1602 Terre Colony CT Dallas, Texas 75212-6221 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Texas 33</b>	State / Country of Incorporation <b>Delaware / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Nov 9, 2018</b>	Submission Date <b>Nov 9, 2018</b>	Initial Registration Date <b>May 9, 2012</b>
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## Entity Dates

Entity Start Date <b>Jan 1, 2009</b>	Fiscal Year End Close Date <b>Dec 31</b>
---	---

## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

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## Exclusion Summary

Active Exclusions Records?

No

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results

Yes

## Entity Types

Business Types	Entity Type	Organization Factors
Entity Structure <b>Partnership or Limited Liability Partnership</b>	<b>Business or Organization</b>	<b>(blank)</b>
Profit Structure <b>For Profit Organization</b>		

**Socio-Economic Types**

**Self Certified Small Disadvantaged Business**  
**Woman Owned Small Business**  
**Woman Owned Business**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Financial Information**

Accepts Credit Card Payments Yes	Debt Subject To Offset No
EFT Indicator 0000	CAGE Code 6QY29

**Point of Contact**

<b>Electronic Business</b>	
<input checked="" type="checkbox"/>	1473 Terre Colony CT Dallas, Texas 75212 United States
Patrick Zagurski	
CHERYL SHELTON	1473 Terre Colony CT Dallas, Texas 75212 United States

<b>Government Business</b>	
<input checked="" type="checkbox"/>	1473 Terre Colony CT Dallas, Texas 75212 United States
Patrick Zagurski	
CHERYL SHELTON	1473 Terre Colony CT Dallas, Texas 75212 United States

**Service Classification**

<b>NAICS Codes</b>		
Primary	NAICS Codes	NAICS Title
Yes	238390	Other Building Finishing Contractors
	337211	Wood Office Furniture Manufacturing
	423210	Furniture Merchant Wholesalers

<b>Product and Service Codes</b>	
PSC	PSC Name
7110	Office Furniture
7125	Cabinets, Lockers, Bins, And Shelving
7195	Miscellaneous Furniture And Fixtures

**Disaster Response**

This entity does not appear in the disaster response registry



# CORPORATE SOURCE, LTD.

Unique Entity ID <b>CNM5Q2DWM6N5</b>	CAGE / NCAGE <b>3T8F8</b>	Purpose of Registration <b>All Awards</b>
Registration Status <b>Inactive Registration</b>	Expiration Date <b>Jun 11, 2022</b>	
Physical Address <b>1505 Oak Lawn AVE STE 300 Dallas, Texas 75207-3820 United States</b>	Mailing Address <b>1505 Oak Lawn AVE, Suite 300 Dallas, Texas 75207-3622 United States</b>	

## Business Information

Doing Business as <b>(blank)</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Texas 30</b>	State / Country of Incorporation <b>Texas / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>May 14, 2021</b>	Submission Date <b>May 12, 2021</b>	Initial Registration Date <b>Apr 14, 2004</b>
--	--	--

## Entity Dates

Entity Start Date <b>Apr 1, 2001</b>	Fiscal Year End Close Date <b>Dec 31</b>
---	---

## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
------------------------	---------------------------------------

## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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Active Exclusions Records?

No

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Yes

## Entity Types

### Business Types

Entity Structure <b>Partnership or Limited Liability Partnership</b>	Entity Type <b>Business or Organization</b>	Organization Factors <b>Manufacturer of Goods</b>
Profit Structure <b>For Profit Organization</b>		

**Socio-Economic Types**

**Woman Owned Business**

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

**Financial Information**

Accepts Credit Card Payments	Debt Subject To Offset
Yes	No

EFT Indicator	CAGE Code
0000	3T8F8

**Points of Contact**

**Electronic Business**

<input checked="" type="checkbox"/>	1505 Oak Lawn AVE
CHERYL SHELTON	Suite 300
	Dallas, Texas 75207
	United States

CHERYL SHELTON	1505 Oak Lawn AVE
	Suite 300
	Dallas, Texas 75207
	United States

**Government Business**

<input checked="" type="checkbox"/>	1505 Oak Lawn AVE
CHERYL SHELTON	Suite 300
	Dallas, Texas 75207
	United States

CHERYL SHELTON	1505 Oak Lawn AVE
	Suite 300
	Dallas, Texas 75207
	United States

**Past Performance**

<input checked="" type="checkbox"/>	1595 Oak Lawn AVE
CHERYL SHELTON	Suite 300
	Dallas, Texas 75207
	United States

CHERYL SHELTON	1505 Oak Lawn AVE
	Suite 300
	Dallas, Texas 75207
	United States

**Service Classifications**

**NAICS Codes**

Primary	NAICS Codes	NAICS Title
Yes	423210	Furniture Merchant Wholesalers

**Product and Service Codes**

PSC	PSC Name
7110	Office Furniture
N071	Installation Of Equipment- Furniture

**Disaster Response**

This entity does not appear in the disaster response registry