

Vendor Contract Information[Proposal Documents](#)[Back](#)**Vendor:** Moore Medical LLC**Address:** 1690 New Britain Ave.
Farmington, CT 6032**Phone:** (800) 234-1464**Contact:** Bonnie Irish**Email:** bid@mooremedical.com**Website:** www2.mooremedical.com**Federal ID:** 20-2046702**Accepts RFQs:** Yes**Contract:** Public Safety & Fire House Supplies & Equipment #363-10**Effective Date:** 4/1/2011**Expiration Date:** 3/31/2014**Payment Terms:** Net 30 days**Delivery Days:** 10**Shipping Terms:** Freight prepaid by vendor and added to invoice**Freight Terms:** FOB Shipping Point**Ship Via:** Common Carrier**Quote Reference Number:**

363-10

Regions Served: All Texas Regions**States Served:** All States**Vendor Exceptions:** Freight will be prepaid and added to invoice. See attached**Return Policy:** See attached[\[Log Out \]](#)©1996 - 2011 TASB
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