

**Group 20915 Award 23295 - Furniture, All Types (except Hospital Room and Patient Handling)(Statewide)  
ATTACHMENT 12 – CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION  
(for ordering and contract administration purposes)**

<b>Contractor/Company Information</b>	
Company Business Name:	A.F.C. Industries, Inc.
D/B/A – Doing Business As (if applicable):	
Address:	13-16 133rd Place, College Point, NY 11356
Company Website:	<a href="http://www.afindustries.com">www.afindustries.com</a>
Federal Tax ID #:	11-3225387
NYS Vendor ID #:	1100003175
<b>Contact for Contract Administration issues</b>	
Contract Administrator Name:	Anat Rotlevi
Title:	President
Address (if different from above):	
Email:	<a href="mailto:anrotlevi@afindustries.com">anrotlevi@afindustries.com</a>
Phone:	718-747-0237 ext. 1222
Toll Free Phone:	800-663-3412
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	Cassie Lin
Title:	Finance Administrator
Address:	13-16 133rd Place, College Point, NY 11356
Email:	<a href="mailto:clin@afindustries.com">clin@afindustries.com</a> ; <a href="mailto:anrotlevi@afindustries.com">anrotlevi@afindustries.com</a>
Phone:	718-747-0237 ext. 1258
Toll Free Phone:	800-663-3412
Business hours (Specify M-F, Sat, Sun):	Monday through Friday 8:30am - 4:30pm
<b>Contact for Emergencies</b>	
Contact Name:	Amir Rotlevi
Title:	Sales Manager
Address:	13-16 133rd Place, College Point, NY 11356
Email:	<a href="mailto:arotlevi@afindustries.com">arotlevi@afindustries.com</a>
Phone:	718-747-0237 ext. 1225
Cell Phone:	646-831-5777
<b>Invoicing</b> (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above)	
Invoicing Entity Company Name:	
Federal Tax ID #:	
NYS Vendor ID #:	
Is payment made to the above Entity/Federal ID#? <i>Note: If yes, the invoicing entity NYS Vendor ID MUST be referenced on Purchase Orders</i>	

Enter the information requested below for each Reseller/Distributor that will provide Product to Authorized Users. In Columns B through E, indicate if the location is a NYS certified Minority- or Women-Owned Business Enterprise, Service-Disabled Veteran Owned Business Division, or a Small Business\* (self-identified). In Columns H through J, indicate if the Reseller/Distributor is authorized to take orders, deliver Product, and/or receive payment. If a Reseller/Distributor is allowed to accept payment, they MUST have a NYS Vendor ID.  
\*A "Small Business" means a business which: (a) is resident in New York State; (b) is independently owned and operated; (c) is not dominant in its field; and, (d) employs one hundred or fewer persons

Company Business Name	WBE	MBE	SDVOB	SB	FEIN	NYS Vendor ID	Take Orders	Deliver Product	Receive Payment	Over-the-Counter Hours	Street Address	City	Zip Code	County	Contact Name	Telephone Number	Fax Number	Email Address	Restrictions Applicable to this Contractor Location
<i>Non-Applicable</i>																			