

**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:	ECOLOGIC INDUSTRIES, LLC
D/B/A – Doing Business As (if applicable):	ECOLOGIC FURNITURE
Address:	2341 ERNIE KRUEGER CIRCLE
Company Website:	<a href="http://www.ecologicfurniture.com">www.ecologicfurniture.com</a>
Federal Tax ID #:	26-2200106
NYS Vendor ID #:	1100043025
<b>Contact for Contract Administration issues</b>	
Contract Administrator Name:	JENNIFER KRYGER
Title:	DIRECTOR OF ADMINISTRATION
Address (if different from above):	
Email:	<a href="mailto:info@ecologicfurniture.com">info@ecologicfurniture.com</a>
Phone:	847-234-5855
Toll Free Phone:	
<b>Contact for Contract Sales/Billing (if different from above)</b>	
Contact Name:	
Title:	
Address:	
Email:	
Phone:	
Toll Free Phone:	
Business hours (Specify M-F, Sat, Sun):	M-F 8:00 am - 5:00 pm CST
<b>Contact for Emergencies</b>	
Contact Name:	JENNIFER KRYGER
Title:	DIRECTOR OF ADMINISTRATION
Address:	
Email:	<a href="mailto:info@ecologicfurniture.com">info@ecologicfurniture.com</a>
Phone:	847-234-5855
Cell Phone:	
<b>Invoicing (Entity information that will appear on invoices, for orders placed directly with the Contractor, if different from Contractor/Company information above)</b>	
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
Empire Office							X	X		M-F 9:00 - 5:00 p.m. EST	654 Madison Avenue 14th Floor	New York	10065	New York County		212-607-5500			
Alianza Services LLC		X			33-1140326	1100044344	X	X	X	9AM-5PM EST	74 North Braodway	Nyack	10960	Rockland	Dawn Cannon	845-675-7337 x1104		<a href="mailto:dcannon@alianzaduffy.com">dcannon@alianzaduffy.com</a>	None
AlianzaDuffy LLC					88-1907911	1100296727	X	X	X	9AM-5PM EST	74 North Braodway	Nyack	10960	Rockland	Dawn Cannon	845-675-7337 x1104		<a href="mailto:dcannon@alianzaduffy.com">dcannon@alianzaduffy.com</a>	None