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)

Contractor/Company Information	
Company Business Name:	Hertz Furniture Systems, LLC
D/B/A – Doing Business As (if applicable):	
Address:	170 Williams Drive, Suite 201 Ramsey, NJ 07446
Company Website:	www.hertzfurniture.com
Federal Tax ID #:	223795977
NYS Vendor ID #:	1000008875
Contact for Contract Administration issues	
Contract Administrator Name:	Mutty Leiser
Title:	VP Merchandising, Bids & Contracts
Address (if different from above):	
Email:	bids@hertzfurniture.com
Phone:	201-529-2100 x1220
Toll Free Phone:	800-526-4677 x1220
Contact for Contract Sales/Billing (if different from above)	
Contact Name:	Marc Schwam
Title:	VP of Vendor Relations & Northeast Sales
Address:	170 Williams Drive, Suite 201 Ramsey, NJ 07446
Email:	mschwam@hertzfurniture.com
Phone:	646-302-8003
Toll Free Phone:	800-526-4677 x1147
Business hours (Specify M-F, Sat, Sun):	9 am-5:15 pm
Contact for Emergencies	
Contact Name:	Marc Schwam
Title:	VP of Vendor Relations & Northeast Sales
Address:	170 Williams Drive, Suite 201 Ramsey, NJ 07446
Email:	mschwam@hertzfurniture.com
Phone:	800-526-4677 x1147
Cell Phone:	646-302-8003
Invoicing (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:	Hertz Furniture Systems, LLC
Federal Tax ID #:	223795977
NYS Vendor ID #:	1000008875
Is payment made to the above Entity/Federal ID#? *Note: If yes, the invoicing entity NYS Vendor ID MUST be referenced on Purchase Orders*	Yes

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
No Resellers																			