ATTACHMENT 10
CONTRACTOR and RESELLER/DISTRIBUTOR INFORMATION
(for ordering and contract administration purposes)

NOTE: Contractors MUST submit an updated form to OGS EVERY TIME a reseller/distributor is added or removed. If a contract has Minority- and/or Women-owned Business Enterprise (MWBE) participation goals, in addition to this form, Contractors MUST submit to OGS a completed MWBE 100 form EVERY TIME they add or remove a reseller that has been certified by NYS as an MWBE.

The MWBE 100 form is available under the "Commodity & Service Contracts" section at: https://ogs.ny.gov/mwbe/forms

CONTRACTOR/COMPANY INFORMATION	
Company Business Name:	KITCHEN WHOLESALE MARKET INC
D/B/A – Doing Business As (if applicable):	
Address:	15 Holt dr, Stony point, NY 10980
Company Website:	
Federal Tax ID #:	333387490
NYS Vendor ID #:	1100349949

CONTRACT ADMINISTRATION	
Contract Administrator Name:	Hershy Dancziger
Title:	Contracting Manager
Address (if different from above):	
Email:	Hershy@kwmny.com
Phone:	845-213-0921
Toll Free Phone:	888-858-1596

SALES/BILLING (if different from above)	
Contact Name:	Yehuda Weisz
Title:	COO
Address:	15 Holt dr, Stony Point NY 10980
Email:	Juda@kwmny.com
Phone:	646-345-2221 x 104
Toll Free Phone:	888-858-1596
Business Hours (Specify M-F, Sat, Sun):	M-T 9am - 5pm F 9am - 1pm Sat & Sun Closed

EMERGENCIES	
Contact Name:	Joel Weisz
Title:	CEO
Address:	15 Holt dr, Stony Point NY 10980
Email:	Joel@kwmny.com
Phone:	646-345-2221 x 101
Cell Phone:	845-662-2978

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:	
Federal Tax ID #:	
NYS Vendor ID #:	
Is payment made to the above Entity/Federal ID#?	☐ Yes ☐ No