

Manufacturer & Authorized Dealer (AD) Information

Manufacturer/Contractor Information (for Ordering and Contract Administration Purposes)			
Company Name:	Reimers Furniture Manufacturing Inc. dba RFM Preferred Seating		
Address:	619 SW Wood Street		
	Hillsboro, OR 97123		
Federal ID #:	93-0764758		
NYS Vendor ID#:	1100101417		
Minority/Women Owned or Small Business Indicate M, W or S	S		
Contract Administrator Name:	Marlene Reischman		
Title:	Customer Service Manager		
Telephone Number:	800-447-5542		
E-mail:	marlene@rfmseating.com		
FAX:	800-734-6377		
Orders Placed Directly with Contractor <input checked="" type="checkbox"/>		Orders Placed Directly with AD <input checked="" type="checkbox"/>	
		Generated: 3-17-16	
Contract "Toll" Free Support Number: 800-454-9796		Guaranteed Product Delivery Timeframe:	Calendar 21-65 ___ days ARO

BELOW ARE AUTHORIZED DEALERS DESIGNATED TO RECEIVE PAYMENT DIRECTLY

Authorized Dealer Information	
Company Name:	Staples Contract & Commercial dba Business Interiors by Staples
Address:	39 Broadway
	New York, NY 10006
Minority/Women Owned or Small Business Indicate M, W or S	N/A
Federal ID #:	04-3390816
NYS Vendor ID#:	1000005286
Contract Administrator Name:	Christina Ainslie
Title:	Director, Furniture Sales
Telephone Number:	212-462-7490
E-mail:	Christina.ainslie@staples.com
FAX:	212-462-7440
Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M, W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	

Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	
Authorized Dealer Information	
Company Name:	
Address:	
Minority/Women Owned or Small Business Indicate M , W or S	
Federal ID #:	
NYS Vendor ID#:	
Contract Administrator Name:	
Title:	
Telephone Number:	
E-mail:	
FAX:	