

Vendor Profile

Name of Company _____ Business Hours _____

Representative _____ Title _____

Telephone #(____) _____ Fax #(____) _____

E-mail Address _____ Website Address _____

Plant Address _____ Remit to Address _____

Date Company

Established _____

Products/Services _____

Type of Business (check all that apply)

Manufacturer _____ Distributor _____ Service _____ Other _____

Bonded _____ Insured _____ Licensed _____

D & B Rating _____ Annual Sales \$ _____

Ownership Corporate _____ Partnership _____ Sole Proprietorship _____

Minority Owned Certifying Agency _____ (or if not certified submit notarized statement of ownership)

African American _____ Hispanic _____ Asian _____ % Minority Ownership

Native American _____ Woman _____ Disabled _____ % Female Ownership

Personnel Number of employees _____

Facilities Plant - Square Feet _____ Warehouse - Square Feet _____

Equipment List _____

EDI Capability Yes _____ No _____

Delivery Via _____ Ship Terms _____

Return Policy _____ Payment Terms _____ Discounts _____

For internal use. Do not write below this line

Comments _____

Product/Service _____
