



VENDOR PROFILE

COMPANY: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

TAXPAYER ID #: _____ RESALE #: _____

TYPE OF BUSINESS: _____ DATE STARTED: _____

PRODUCTS SOLD: _____

OF LOCATIONS: _____ # OF SALES REPS: _____ IS ABOVE HQ?: _____

SALES REPS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____