



Company Profile Resume Form Supplier

Company Name: _____

Company Address: _____

City / State / Zip Code: _____

Owner / Title: _____

Contact / Title: _____

Telephone: _____ Fax: _____ Mobile: _____

E-mail Address: _____ Web Site: _____

Business Structure: Sole Proprietorship Partnership Corporation

Ethnicity / Gender: _____ Male Female

MBE or WBE Certification: Agency: _____ Date: _____

Type of Company: Distributor Manufacturer Wholesaler Retailer

Equipment or Supplies: _____
Provided _____

Bank Name: _____

Insurance Company: _____

List (3) Business References:

ATTACH CATALOG OR LISTING OF ADDITIONAL EQUIPMENT OR SUPPLIES PROVIDED