



PROSPECTIVE VENDOR/SUPPLIER PROFILE FORM

COMPANY INFORMATION

Date: _____

Dun & Bradstreet (DUNS) No.: _____ Federal Tax ID No.: _____

Company Name (Provide legal name as listed on Dun & Bradstreet): _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

Company Owner: _____

Year Business Established: _____ # of Employees: _____

Annual Sales \$: _____

Geographical Service Area: _____

Insurance Carrier: _____

Check the description that best matches your company:

LLC Partnership Corporation Sole Proprietor

What type of vendor are you?

Domestic Manufacturer International Manufacturer Importer Distributor

Is your company affiliated with another company? Yes No

If yes, explain:

Can your company process EDI transactions either in-house or through a 3rd party provider?

Yes No

Has your company previously submitted information to ULINE? Yes No

If yes, what has changed? (Developed new capabilities, markets, acquisitions, or attained a larger than expected volume growth?)

Comments:

CONTACT INFORMATION

Main Contact Name: _____ Title: _____

VP of Sales Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Are you a sales representative that represents multiple companies? Yes No

PRODUCT INFORMATION

Description of proposed product:

Proposed pricing to ULINE for products:

Do you manufacture the product or distribute? If manufacturing, where are your facilities?

Is the product being imported? If so, from where?

If importing or manufacturing, who are your current distributors?

PRODUCT INFORMATION CONT

Description of product's competitive advantage:
What products does it compete with? Why is yours better?

Description of how your product would fit, complement or enhance the current ULINE product lines:

Do you sell direct to end users? Yes No
If yes, please elaborate:

Who do you consider to be your direct competitors?

BUSINESS REFERENCES

Do you currently provide your product or service to other distributors? Yes No
If yes, please list three catalog distributors you have worked with in the last three years:

1. Company Name: _____

Contract Description: _____

Annual Volume Amount: _____

2. Company Name: _____

Contract Description: _____

Annual Volume Amount: _____

3. Company Name: _____

Contract Description: _____

Annual Volume Amount: _____

NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

Primary NAICS Code: _____

Primary US Title: _____

Additional NAICS Codes: _____

Additional NAICS Titles: _____

Is there anything else to be taken into consideration when reviewing your proposal?

Submitted by:

Name: _____ Title: _____ Date: _____