



UFPC

UNIFIED FOODSERVICE
PURCHASING CO-OP, LLC



Supplier Business Profile

Firm Name: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Company Officers/Title: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Year Business Established: _____

Minority/Women Certification Agency (attach copy):

Number of Employees:
Permanent: _____ Temporary: _____

Type of Organization:

Sole Proprietor Partnership Corporation

Manufacturer Distributor

Other (describe) _____

Ownership (Check all that apply. Include % of ownership.)

Male Native Hawaiian African-American

Female Native American Women-owned

Asian-American

Other _____

Marketing/Service Area:
 Local (describe): _____
 Regional (describe): _____
 National: _____

Plant Location(s):
 Address _____ Plant Size (sq. ft.) _____

Description of major products and/or services with production capabilities:

Please list other corporate customers as references:

Company Name	Contact	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail forms and requested information to
Unified Foodservice Purchasing Co-op, LLC
 Attn. Renee Fromme
 P.O. Box 32033
 Louisville, KY 40232
 Fax: 502-899-4830

Name (please print): _____

Signature: _____ Title: _____ Date: _____