



H & L Wholesale Food Corporation

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Pico Rivera, CA 90660
hlwholesalefood@gmail.com

Phone:562-692-1888
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Vendor Data Sheet & Application

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GENERAL INFORMATION:

1. Firm or Business Name: _____

2. Doing Business As (DBA): _____

3. Street Address: _____

4. Billing Address: _____

5. City _____ State _____ Zip _____

6. Telephone () _____ 7. Fax () _____

8. Please list all offices and/or affiliate addresses below:

9. E-Mail Address: _____

10. Accounts Payable Contact Name: _____

11. Years in Business _____ 12. Federal Tax Number: _____

13. Type of Business: ___ Sole Proprietorship ___ Corporation

 ___ Partnership ___ Subsidiary

14. Type of work: _____

15. Proprietor, Partners, Officers, if incorporated:

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ SS# _____

Name: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____ SS# _____

16. Year Business Established: _____ 17. At Present Location Since? _____

18. List employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:

1. _____ 2. _____

3. _____ 4. _____

19. Are you accredited by the Better Business Bureau? ___ Yes ___ No

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CREDIT REFERENCES: (Please provide three)

- 1. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____ **Fax Number:** _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

- 2. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____ **Fax Number:** _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

- 3. **Company Name:** _____
Mailing Address: _____
Telephone Number: _____ **Fax Number:** _____
Contact Person: _____ **Title:** _____
E-Mail Address: _____
How Long Have You Been Doing Business With This Company? _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Paragon Management Group and/or Paragon clients. I hereby agree that Paragon Management Group may investigate my record and that, if approved, Paragon may furnish this authorization to secure the information they need to establish a business relationship.

Name Title