

TRINITY/HPSI
FACILITY PROFILE FORM

Territory Manager: Steve & Gay Claypool Date _____

FACILITY NAME _____

Physical Address:

Mailing Address, if different:

Phone Number _____

Fax Number _____

Owner or Group _____

Phone Number _____

Primary Contact _____

Title _____

Email _____

Direct Phone or Ext. _____

Alternate Contact _____

Title _____

Email _____

Direct Phone or Ext. _____

Primary Foodservice Provider _____

Account Number _____

Secondary Foodservice Provider _____

Account Number _____

Other Full-Line FS Provider _____

Account Number _____

NOTE: All approved Trinity/HPSI vendors for the geographical area of this facility will be notified.

Special Instructions or Information: _____

Office Use Only:

Account Number _____

Start Date _____

Facility Type _____

Rate of Fee \$0

Received by T.M. _____

Sales Tax Rate _____

Received by Home Office _____

Territory _____

Vendors Notified _____