



Rental
Leasing
Logistics

Penske Truck Leasing Co., L.P.
2675 Morgantown Road
Reading, PA 19607
Phone: 610-603-8543
Fax: 610-796-4675

SUPPLIER PROFILE

Company's Legal Name: _____ Corporate Phone Number: _____

DBA (Name under which company conducts business, if different than above.): _____ Corporate Fax Number: _____

Corporate Address (Physical Street Address): _____

City: _____ State: _____ Zip Code: _____

Company's Web Address: _____ Division's Web Address: _____ (If applicable)

Year Established: _____ Incorporation State: _____

VMRS Code Key 34 (If applicable): _____ DUNS Number _____

TAX IDENTIFICATION NUMBERS:

USA - Federal ID # or TIN #: _____ Canadian – BN # or GST #: _____ Mexican – RFC #: _____

NATIONAL ACCOUNT CONTACT INFORMATION

Name: _____ Title: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ FAX Number: _____

COMPANY TYPE

(Check all that apply)

- | | | |
|-------------------------------------------|-------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Manufacturer's Rep | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Process Facility | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Service |
| <input type="checkbox"/> Other (Explain) | | |

Distributors and manufacturing representatives, please include line card.

GEOGRAPHIC COVERAGE

What geographies do you currently service? Mark all that apply and provide a listing of your locations:

- All States within the Continuous US All Providences within Canada Continuous Mexico

Regional supplier, please identify all states and/or providences serviced and provide a listing of your locations:

INSURANCE COORDINATOR INFORMATION

Name: _____ Title: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ FAX Number: _____

ELECTRONIC CAPABILITY SECTION

EDI 810/811 Protocol Capability: YES NO eProcurement Capability: YES NO

Contact Name: _____ Contact Name: _____

Contact Email: _____ Contact Email: _____

Contact Phone: _____ Contact Phone: _____

Name of Preparer: _____ Profile Completion Date: _____

Please return the completed form and supporting documentation to Penske – Attn: Sourcing Department (0916)

Email: ptl.sourcing@penske.com