

Illinois Lumber and Material Dealers Association

932 South Spring Street Springfield, Illinois 62704 (800) 252-8641 – (217) 544-5405 - Fax (217) 544-4206

RETAIL BUSINESS PROFILE

Company				
Name				
Address				s
City	County	State	Zip	
Telephone:	Fa	x:		
Toll Free #:	E-Mail Address:			
PLEASE COMPLETE THE FOLLOW	WING: Place a check b	y each that apply to your	place of busine	ess.
Retail Outlet	compute	erized (tasks completed by	y computer)	
Storage Yard(s)		_Account Receivable	Sale	Point of
Warehouse		Account Payab	ole .	Inventory
Outside Sales Representatives		Bar Coding		CAD
Installed Sales	Access	to Internet (E-Mail addre	ess)	
Affiliated With a Buying Grou	up (if yes, which one)_			
Sales Breakdown in% Contractor	or Do-It	-Yourself		
How many CDL drivers does your co	ompany employ?			
Business Hours:	Number of Employees:	Full-time	Part-time	
Please list the top five products sold	by your company:			
Please list your top five suppliers:				