

## Information Form

### CONTACT DETAILS

Company Name: \_\_\_\_\_ EIN/SSN#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_

### MAILING

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SHIPPING

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

BRAND WEBSITE: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PROFADE APPAREL MAILING ADDRESS:**  
3830 Valley Centre Drive, Suite 705 Box 602, San Diego, CA 92130