

Business Products Partner Profile



If you are interested in our organization please complete this profile and fax or email it as an attachment at your earliest opportunity. It will help us learn more about your capabilities.

Email to: angela.suntrup@indoff.com

Fax to: (314) 558-9279

CONTACT INFORMATION			
Name:		Home Phone:	
Address:		Cell Phone:	
City:		Work Phone:	
State:	Postal Code:	Home E-mail:	
EMPLOYMENT HISTORY:			
Number of years in the Business Products Industry: _____		Do you currently have a non-compete?:	
Present Employer:		No. of years:	
Former Employer:		No. of years:	
Former Employer:		No. of years:	
Who is your first call wholesaler: <input type="checkbox"/> Essendant <input type="checkbox"/> SP Richards <input type="checkbox"/> Other: _____			
Please list the furniture lines you sell (if any):			% of your yearly sales
If you join Indoff, what % of your sales would you retain? <input type="checkbox"/> 100% <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/>			
What would be your first year's estimated sales volume with Indoff? \$			
What would be your first year's estimated total gross profit with Indoff? \$			
SALES VOLUME HISTORY:			
Year	Total Sales Volume		Total Gross Profit
Current Year (year-to-date):			
Last Year:			
Two Years Prior:			
Three Years Prior:			
Do records exist to support your sales history? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Commission Reports <input type="checkbox"/> Sales Reports <input type="checkbox"/> Usage Reports <input type="checkbox"/> A/R Aging Reports <input type="checkbox"/> Other <input type="checkbox"/>			
COMPENSATION AND BENEFITS			
Does your current employer offer: Yes No		Yes No	
Health Insurance:		Salary:	Amt. (Yr.):
Disability/ Life Insurance:		Commission:	Rate (%):
401(K):		Draw:	Rate (%):
% match by employer:	%	Automobile:	

CUSTOMER REFERENCES:

1.	Company Name:	2.	Company Name:
	Contact Name:		Contact Name:
	City: State:		City: State:
	Phone:		Phone:
	Product Sold:		Product Sold:

VENDOR REFERENCES:

1.	Company Name:	2.	Company Name:
	Contact Name:		Contact Name:
	City: State:		City: State:
	Phone:		Phone:
	Product Sold:		Product Sold:

OTHER:

What percentage of your sales volume is Internet based? %

How do you handle delivery? Self Company Delivery Driver Drop Ship from Wholesaler

How do you handle your Customer Service? Self CSR thru your current company

Do you sell printing? Yes No

Do you sell promotional products? Yes No

Indoff is a commission only position, are you financially able to make this move? Yes No

Because Indoff is commission only, what do you anticipate selling in your 1st 90 days? _____

What is your anticipated start date?

Other comments regarding your interest or reason for making a change?

<input type="checkbox"/> Commission Cut	<input type="checkbox"/> Ability to run my own business	<input type="checkbox"/> Technology
<input type="checkbox"/> Territory Cut	<input type="checkbox"/> Not financially stable company	<input type="checkbox"/> Freedom
<input type="checkbox"/> Not part of the family	<input type="checkbox"/> Other: _____	