

Commercial Interiors 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:		Zip:		Home E-mail:	
EMPLOYMENT HISTORY:					
Number of years in the Commercial Interiors Industry: _____ Do you currently have a non-compete: <input type="checkbox"/> Yes					
Present Employer:		No. of years:			
Former Employer:		No. of years:			
Former Employer:		No. of years:			
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"/> 40%					
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 type of product do you sell? <input type="checkbox"/> Casegoods <input type="checkbox"/> Work Stations <input type="checkbox"/> Seating <input type="checkbox"/> Keyboards <input type="checkbox"/> Accessories <input type="checkbox"/> Lighting						
Please list the major lines/ manufacturers you sell:						
How do you handle installation work? <input type="checkbox"/> In- House <input type="checkbox"/> Outsource <input type="checkbox"/> Self						
How do you handle design work? <input type="checkbox"/> In- House <input type="checkbox"/> Outsource <input type="checkbox"/> Self						
Do you typically work with local manufacturer representatives?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indoff is a commission only position, are you financially able to make this move?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Because Indoff is commission only, what do you anticipate selling in your 1 st 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: _____				