

Material Handling Partner Profile



If you are interested in our organization please complete this profile and fax, or download and 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:	
Province:	Postal Code:	Home E-mail:	
EMPLOYMENT HISTORY:			
Number of years in the Material Handling 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
Health Insurance:		Salary:	Amt. (Yr.):
Disability/ Life Insurance:		Commission:	Rate (%):
401(K):		Draw:	Rate (%):
% match by employer:	%	Automobile:	

CUSTOMER REFERENCES:

1.	Company:	2.	Company:
	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:

Were you referred by an Indoff Partner? Yes No Name: _____

Please list the major manufacturers you sell:

How do you handle installation work? In- House Outsource Self

How do you handle engineering work? In- House Outsource Self

Do you sell Fork-Lifts: Yes No If yes, what percentage of your sales? %

Do you currently utilize the SMO catalog? Yes No

Do you utilize online ordering? 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?

Commission Cut Ability to run my own business Technology
 Territory Cut Not financially stable company Freedom
 Not part of the family Other: