

# Material Handling 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](mailto: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 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			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:**

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 1<sup>st</sup> 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: