

Promotional 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: | | Zip: | Home E-mail: | | |
| EMPLOYMENT HISTORY: | | | | | |
| Number of years in the Promotional Products 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. | Name: | Company: | 2. | Name: | Company: |
| | 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:

How do you handle Screen Printing & Embroidery Services? In-House Out -Source Other:

Please list your top suppliers:

| | | |
|---|------------------------------|-----------------------------|
| Do you work directly with manufacturers or multiple line representatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use ESP Web? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any of your customers on a fulfillment program? | <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 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: | |

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