



New Distributor Packet

Revised 3/25/2013



New Distributor Packet Checklist

REQUIRED DOCUMENTS

- Company Profile and Credit Application** (attached)
 - Please complete ALL information on this form.
 - Owner or principal must sign and date at the bottom.

- Company Contact List** (attached)

- Sales Tax Exemption Certificate**
 - If applicable

Please submit all required documents by email to sales@indianabARRIER.com or by mail to the following address:

Indiana Barrier Co.
Attn: Steve Sawa
P.O. Box 8092
Greenwood, IN 46142

COMPANY PROFILE AND CREDIT APPLICATION

BUSINESS INFORMATION

COMPANY NAME:	PHONE:	FAX:	
DBA NAME (Doing business as):	EMAIL ADDRESS:		
CONTACT PERSON:	TITLE:		
COMPANY ADDRESS (Street Address/ PO Box):	CITY:	ST:	ZIP:
BILLING ADDRESS, IF DIFFERENT (Street, City, State, Zip):		WEBSITE ADDRESS:	

TYPE OF BUSINESS:	DATE BUSINESS ESTABLISHED:
BUSINESS CLASSIFICATION (Check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
STATE OF INCORPORATION (If a Corporation, LLC or LLP):	BUSINESS TAX ID OR SSN (9 digits):

OWNERSHIP INFORMATION (Attach additional sheets if necessary)

LEGAL NAME:	TITLE:	OWNERSHIP %:	
HOME ADDRESS (Street Address):	CITY:	ST:	ZIP:
BUSINESS PHONE:	MOBILE PHONE:	EMAIL ADDRESS:	

LEGAL NAME:	TITLE:	OWNERSHIP %:	
HOME ADDRESS (Street Address):	CITY:	ST:	ZIP:
BUSINESS PHONE:	MOBILE PHONE:	EMAIL ADDRESS:	

LEGAL NAME:	TITLE:	OWNERSHIP %:	
HOME ADDRESS (Street Address):	CITY:	ST:	ZIP:
BUSINESS PHONE:	MOBILE PHONE:	EMAIL ADDRESS:	

FINANCIAL INFORMATION**BANK REFERENCE**

BANK NAME:				BANK CONTACT:			
ADDRESS (Street Address):				CITY:		ST:	ZIP:
PHONE:		FAX:		EMAIL:			

TRADE REFERENCES

NAME:							
ADDRESS (Street Address):				CITY:		ST:	ZIP:
PHONE:		FAX:		EMAIL:			
NAME:							
ADDRESS (Street Address):				CITY:		ST:	ZIP:
PHONE:		FAX:		EMAIL:			

Are you Sales Tax Exempt? Yes No

**If yes, please attach your Sales Tax Exempt Certificate*

I represent that the above information is true and is submitted as a basis for the extension of credit by Indiana Barrier Co. I hereby grant permission to verify all information as written.

General Terms and Conditions

- 1. All invoices become payable net 30 and are considered past due if not paid by the due date. Please remit all payments to Indiana Barrier Co., P.O. Box 8092, Greenwood, IN 46143*
- 2. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.*
- 3. Credit customer is responsible for all collection and/or legal fees, when applicable.*

I have read the terms and conditions stated above and agree to all of these terms and conditions.

COMPANY OWNER OR PRINCIPAL SIGNATURE: _____

PRINTED NAME: _____ **TITLE:** _____

DATE: _____

COMPANY CONTACT LIST

COMPANY NAME:

AUTHORIZED PURCHASERS

NAME:

EMAIL ADDRESS:

NAME:

EMAIL ADDRESS:

NAME:

EMAIL ADDRESS:

SHIPPING CONTACT

NAME:

EMAIL ADDRESS:

BILLING CONTACT

NAME:

EMAIL ADDRESS:

MARKETING CONTACT

NAME:

EMAIL ADDRESS: