



## 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](mailto: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

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

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

## OWNERSHIP INFORMATION (Attach additional sheets if necessary)

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

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

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

**FINANCIAL INFORMATION****BANK REFERENCE**

<b>BANK NAME:</b>				<b>BANK CONTACT:</b>			
<b>ADDRESS</b> (Street Address):				<b>CITY:</b>		<b>ST:</b>	<b>ZIP:</b>
<b>PHONE:</b>		<b>FAX:</b>		<b>EMAIL:</b>			

**TRADE REFERENCES**

<b>NAME:</b>							
<b>ADDRESS</b> (Street Address):				<b>CITY:</b>		<b>ST:</b>	<b>ZIP:</b>
<b>PHONE:</b>		<b>FAX:</b>		<b>EMAIL:</b>			
<b>NAME:</b>							
<b>ADDRESS</b> (Street Address):				<b>CITY:</b>		<b>ST:</b>	<b>ZIP:</b>
<b>PHONE:</b>		<b>FAX:</b>		<b>EMAIL:</b>			

**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 being 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: