

# Delivering Competitive Advantage.

# Welcome to Integrated Distribution Services, Inc.

In order to set up your company in our database, we need the following information completed and returned in full.

- 1. Credit Application (attached)
- 2. Online D&B Application
- 3. Current W-9

#### **Company Information:**

Integrated Distribution Services, Inc, an Indiana Corporation opened its doors in 1960. The current name and ownership has been in place since 2007.

Physical Address:	3100 Reeves Road, Plainfield, Indiana 46168
Corporate Phone #:	317-837-7007
Surety Bond:	Bond # 100100295, American Contractors Indemnity Company
Federal ID:	26-1234059
Insurance COI:	Included in Packet

**Payment Information:** IDS accepts two payment methods: ACH and Direct Debit. Please notify if other arrangements need to be made. Invoices will be emailed to the A/P contact included in the credit application, unless otherwise noted.

ACH Information: Old National Bank

Account #: 121320101 Routing #: 086300012

**Direct Debit Form included in Packet** 



# Integrated Distribution Services, Inc.

3100 Reeves Road, Plainfield, IN 46168

### **BUSINESS CREDIT APPLICATION**

Company Name:	EIN:						
Address:	D&B:						
City:	State:	ZIP:					
Tel:	Fax:	e-mail:					
Type of Business: ∏Corporation ∏I	ndividual Partnership ∏Sole Proprietorship ∏LLC						
Name & Titles of Corporate Officers:							
Name:	Email:	Title:					
Name & Titles of Corporate Officers:							
Name:	Title:						
# of Employees:	Years in Business:						
	BILLING INFORMATION						
Company Name:							
Address:							
City:	State:	ZIP:					
A.P Contact:							
Tel:	Fax:	e-mail:					
Indicate paperwork & reference							

numbers needed on invoice for payment:

Payment Method - Please Sign Payment Method					
Direct Deposit (ACH)					
Direct Debit					
Other					

CREDIT REFERENCES		
Company Name:		
Address:		
Contact Name:		Account Opened Since:
Telephone Number:	Fax Number:	Email Address:
Company Name:		
Address:		
Contact Name:		Account Opened Since:
Telephone Number:	Fax Number:	Email Address:
Company Name:		
Address:		
Contact Name:		Account Opened Since:
Telephone Number:	Fax Number:	Email Address:

BANK REFERENCE						
Institution Name:	Telephone:	Address:				
Contact Person:	Fax:					
Account#:	E-mail:					

AGREEMENT

#### I HEREBY AUTHORIZE THE BANK NAMED HEREIN TO RELEASE INFORMATION REQUESTED FOR THE

#### PURPOSE OF OBTAINING AND / OR REVIEWING MY COMPANY'S CREDIT.

SIGNATURE

Name/ Title

Signature

Date:



# Delivering Competitive Advantage.

## AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Company Name	

I (we) hereby authorize \_\_\_\_\_\_, hereinafter called **COMPANY**, to initiate Direct Debit and necessary credit for adjustments to correct errors to my (our) \_\_CHECKING \_\_SAVINGS ACCOUNT (select one) indicated below at the depository name below, hereinafter called **DEPOSITORY**.

Client's Name:		-
Depository Name (Client's Bank's Name):		
City:	State:	Zip:
Transit/ABA Number:	Account Number:	

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Signature

Signature

Г

Printed Name

Printed Name

Date

Date

### ATTACH VOIDED OR COPY OF CHECK FROM CLIENT'S ACCOUNT



INTEDIS-01 STOLLEFSON

ACORD CERTIFICATE OF LIABILITY INSURANCE						(MM/DD/YYYY)				
					4/29/2015					
(   E	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
	MPORTANT: If the certificate hold									
	he terms and conditions of the polic ertificate holder in lieu of such endor				ndorse	ment. A sta	tement on th	is certificate does not	confer	rights to the
	DDUCER				CONTAC NAME: PHONE	-				
	e Thompson Group 6 E 71st Street		-			, <sub>Ext):</sub> (317) 8	45-1547	FAX (A/C, No)	. <b>(317)</b>	841-8847
	ianapolis, IN 46256				É-MAIL	SS:				1
								DING COVERAGE		NAIC #
					INSURE	RA: Travele	rs Insuranc	e		0033
INS	URED Integrated Distribution Serv	/ices	Inc		INSURE	RB:				
	Integrated Distribution Service	/ices	SL L		INSURE	RC:				
	IDS Transportation Service 3100 Reeves Road	s LLC	, IDS	Logistics LLC	INSURE					
	Plainfield, IN 46168				INSURE					
		ידורו	~ ^ TI		INSURE	RF:				
	VERAGES CENTIFY THAT THE POLIC			ENUMBER:						
I C E	NDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	requ ′ Per I Poli	IREM TAIN CIES.	ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSE			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		
	OTHER:							COMBINED SINGLE LIMIT	\$	
								(Ea accident)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident	\$	
	HIRED AUTOS							(Per accident)	э \$	
									-	
		_							\$	
		-						AGGREGATE	\$	
	DED         RETENTION \$           WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	ļ						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
A	Warehouse Legal			6606D541055		08/01/2014	08/01/2015	See Limits Below	Ψ	
	······································									
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
\$10	,000,000 - 3100 Reeves, Rd, Plainfield, I	N: \$6,	000,0	000 - 3003 Reeves Rd, Plain	nfield, IN	1				
	000,000 - 2363 Perry Rd, Ste 190, Plainfi									
Wa	,000,000 - 1711 S. 4650 W, Salt Lake Cit rehouse Leagal Liability cov. \$10,000 D	y, U1; ed. \$1	,000,	000,000 - 580 N Wright Bro 000 sublimit for Temperatu	ire, Spo	ilage & Breal	kdown w/\$50	oyee men coverage inc 000 Ded.	uuea w	min une
			. ,	•		-				

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Jough W Maser

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**INTEDIS-01** STOLLEFSON

ACORD <sup>*</sup> CERTIFICATE OF LIABILITY INSURANCE							E (MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED CERTIFICATE DOES NOT AFF	AS A MATTE	R OF INFORMATION ON	ILY AND CONFERS	NO RIGHTS	UPON THE CERTIFIC	ATE HO	
BELOW. THIS CERTIFICATE REPRESENTATIVE OR PRODUC			ITE A CONTRACT	BETWEEN	THE ISSUING INSURE	R(S), A	UTHORIZED
IMPORTANT: If the certificate the terms and conditions of the	policy, certair	policies may require an e					
certificate holder in lieu of such	endorsement(s	s).	CONTACT				
PRODUCER The Thompson Group			NAME:		FAX	(0.47)	044 00 47
7116 E 71st Street Indianapolis, IN 46256			PHONE (A/C, No, Ext): (317) 8 E-MAIL ADDRESS:	345-154 <i>1</i>	(Á/Ĉ, No	<sub>):</sub> (317	) 841-8847
					RDING COVERAGE		NAIC #
					Irance Company		24082
INSURED Integrated Distributio	n Services Inc		INSURER B : Ohio C	asualty Ins	urance Company		
Integrated Distributio		LLC	INSURER C :				
IDS Transportation So 3100 Reeves Rd	ervices LLC, ID	S Logistics LLC	INSURER D :				
Plainfield, IN 46168			INSURER E :				
			INSURER F :				
COVERAGES THIS IS TO CERTIFY THAT THE		-	HAVE BEEN ISSUED		REVISION NUMBER:		
INDICATED. NOTWITHSTANDING CERTIFICATE MAY BE ISSUED O EXCLUSIONS AND CONDITIONS OF	ANY REQUIREN R MAY PERTAIN	IENT, TERM OR CONDITIO	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RES	PECT TO	O WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SUE		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
A X COMMERCIAL GENERAL LIABILI	ſY	BKS56117274	07/01/2014		EACH OCCURRENCE DAMAGE TO RENTED	\$ \$	1,000,000 100,000
			01/01/2011	0.70	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	15,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PE	R:				GENERAL AGGREGATE	\$	2,000,000
POLICY X PRO- JECT X LOO					PRODUCTS - COMP/OP AGO	-	2,000,000
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$	1,000,000
A X ANY AUTO		BAS56117274	07/01/2014	07/01/2015	(Ea accident) BODILY INJURY (Per person)		1,000,000
ALL OWNED SCHEDUL	ED				BODILY INJURY (Per acciden	-	
AUTOS AUTOS NON-OWN HIRED AUTOS AUTOS	IED				PROPERTY DAMAGE (Per accident)	\$	
						\$	
X UMBRELLA LIAB X OCCU	R				EACH OCCURRENCE	\$	1,000,000
B EXCESS LIAB CLAIM	S-MADE	USO56117274	07/01/2014	07/01/2015	AGGREGATE	\$	1,000,000
DED X RETENTION\$	0,000					\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
A ANY PROPRIETOR/PARTNER/EXECUTIV OFFICER/MEMBER EXCLUDED?		XWS56117274	07/01/2014	07/01/2015	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYE	E \$	1,000,000
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMI	Г\$	1,000,000
		PD 101 Additional Romarka Sabada	ula may be attached if ma		rod)		
DESCRIPTION OF OPERATIONS / LOCATIONS	VEHICLES (ACO	KD 101, Additional Remarks Schedu	ne, may be attached if mo	re space is requi	rea)		
CERTIFICATE HOLDER			CANCELLATION				

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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AUTHORIZED REPRESENTATIVE

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**INTEDIS-01** STOLLEFSON

^		CERTI	FICATE OF LIA	BILITY INS	URANC	;E	9/	12/2014	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES									
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
1	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the								
certificate holder in lieu of such endorsement(s).									
	oducer e Thompson Group	NAME:	PAE 4E47 FAX (247) 944 9947						
71	16 E 71 st Street	PHONE (A/C, No, Ext): (317) 845-1547 FAX (A/C, No): (317) 841-8847 E-MAIL				841-8847			
Indianapolis, IN 46256				ADDRESS:					
				INSURER(S) AFFORDING COVERAGE				NAIC #	
INS	SURED			INSURER B :					
	Integrated Distribution Integrated Distribution		INSURER C :						
	IDS Transportation Service			INSURER D :					
	3100 Reeves Rd Plainfield, IN 46168			INSURER E :					
			INSURER F :						
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INS LTI	R	ADDL SUE	BR		POLICY EXP (MM/DD/YYYY)		NITS		
<u> </u>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$		
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
						MED EXP (Any one person)	\$		
						PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	G \$ \$		
						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	\$		
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per acciden			
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	\$		
	HIRED AUTOS AUTOS					(Per accident)	\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-	IADE				AGGREGATE	\$		
	DED RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N				PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<u>//N</u>				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below		00000544055	00/04/0044	00/04/0045	E.L. DISEASE - POLICY LIMI	ſ \$		
	Cargo		6606D541055	08/01/2014	08/01/2015	See limits below			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) \$250,000 in or on a land vehicle or container. \$250,000 on any railroad car or aircraft. \$25,000 Deductible									
CERTIFICATE HOLDER CANCELLATION									
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
				Joseph W Se	Joseph W Maser				

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