



IDS | 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



IDS

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Integrated Distribution Services, Inc.

3100 Reeves Road, Plainfield, IN 46168

BUSINESS CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:		EIN:
Address:		D&B:
City:	State:	ZIP:
Tel:	Fax:	e-mail:
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC		
Name & Titles of Corporate Officers:		
Name:	Email:	Title:
Name & Titles of Corporate Officers:		
Name:	Email:	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:**



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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	Printed Name	Date

_____	_____	_____
Signature	Printed Name	Date

ATTACH VOIDED OR COPY OF CHECK FROM CLIENT'S ACCOUNT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2015

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.

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).

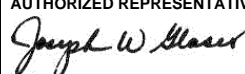
PRODUCER The Thompson Group 7116 E 71st Street Indianapolis, IN 46256	CONTACT NAME: PHONE (A/C, No, Ext): (317) 845-1547		FAX (A/C, No): (317) 841-8847	
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Integrated Distribution Services Inc Integrated Distribution Services SL LLC IDS Transportation Services LLC, IDS Logistics LLC 3100 Reeves Road Plainfield, IN 46168	INSURER A : Travelers Insurance			0033
	INSURER B :			
	INSURER C :			
	INSURER D :			
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Warehouse Legal			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)
 \$10,000,000 - 3100 Reeves, Rd, Plainfield, IN; \$6,000,000 - 3003 Reeves Rd, Plainfield, IN
 \$3,000,000 - 2363 Perry Rd, Ste 190, Plainfield, IN; \$5,000,000 - 2363 Perry Rd, Ste 151, Plainfield, IN; \$5,000,000 - 4415 Perry Worth Rd, Whitestown, IN;
 \$15,000,000 - 1711 S. 4650 W, Salt Lake City, UT; \$10,000,000 - 580 N Wright Brothers Dr, Salt Lake City, UT Employee Theft coverage included w/in the Warehouse Leagal Liability cov. \$10,000 Ded. \$1,000,000 sublimit for Temperature, Spoilage & Breakdown w/\$50,000 Ded.

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 



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/12/2014

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PRODUCER The Thompson Group 7116 E 71st Street Indianapolis, IN 46256	CONTACT NAME: PHONE (A/C, No, Ext): (317) 845-1547 FAX (A/C, No): (317) 841-8847 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Ohio Security Insurance Company 24082 INSURER B : Ohio Casualty Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Integrated Distribution Services Inc Integrated Distribution Services SL LLC IDS Transportation Services LLC, IDS Logistics LLC 3100 Reeves Rd Plainfield, IN 46168	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			BKS56117274	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAS56117274	07/01/2014	07/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO56117274	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	XWS56117274	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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
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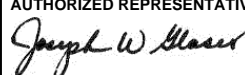
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	INSURER A : Travelers Insurance		0033
INSURED Integrated Distribution Services Inc Integrated Distribution Services SL LLC IDS Transportation Services LLC, IDS Logistics LLC 3100 Reeves Rd Plainfield, IN 46168	INSURER B :		
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	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. AUTHORIZED REPRESENTATIVE 
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