



**IJR, Inc.**  
 17453 N. 25th Avenue, Phoenix, AZ 85023  
 Ph. 602-504-9233, Fax 602-504-9243

## DEALER APPLICATION

Please answer each question on this application completely and fax to 602-504-9243. Thank You.

Date:		Contact Name:	
Company Name:		Business Phone:	
Street Address (not P.O. box):		Fax #:	
P.O. Box (if applicable for billing):			
City:		State:	Zip:
Ship to (if different):			
Type of Organization:	Corporation:	Partnership:	Ind. Proprietor:
If Incorporated, in which state:		Resale Tax Number:	
Years in Business:	PO# Required:	Yes	No
Previous Business Names (if any):			
Principal Owners/Officers & Titles	Address and Phone		Soc. Sec. #
Purchasing Contact:		Accts. Payable Contact:	
Website:			
Where did you hear about us?			

**Who should receive (via email) the following four documents?**

	Name:	Email Address:
INVOICES		
STATEMENTS		
GENERAL INFO. & PRODUCT UPDATES		
SHIPPING/TRACKING INFO.		

The Information Given Above Is Warranted To Be True.

\_\_\_\_\_  
 Signature of Owner/Partner or Officer                      Name (Please Print)                      Date