



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:			
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:	
Email address for shipping notification:			
Email address for product updates:			
Website:			

The Information Given Above Is Warranted To Be True.

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