

## **INTERNATIONAL PRECISION INSTRUMENTS CORPORATION**

1206 PUERTA DEL SOL • SAN CLEMENTE, CA 92673 • USA

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De	ALER APPLICATION ORGANIZATION OF	BUSINE	ss 🗌 Inc	dividual Ow	/ner 🗌	Partner	ship 🗌	] Corporation	
	Company Name				Phone No.		Fax N	0.	
TION	Address			City	St		te	Zip	
COMPANY INFORMATION	Owner			Year Business Started		Annual Sales			
INFO MFO	Primary Contact	Title	e			E-Mail Address*			
ANY	Resale No.		Number of Inside Salespeople			Number of Outside Salespeople			
COMF	Inventory on Hand			Tota			otal Employees		
0	Person in Charge of Marketing		Branc	h Location		•			
N C E	Bank Name	count No.	int No.						
FERE	Type of Account								
BANK REFERENCE	Address			City me of Contact		:	State	Zip	
BAN	Name of Contact	Na							
	Name of Business Name			Name of Contact		Phone No.			
s	1.					Fax No.			
References	Address		City			State	Zip	Zip	
R R	Name of Business Na		Name of Co	Name of Contact		Phone No.			
Щ_	2.					Fax No.			
2	ddress City		City			State	ate Zip		

Upon submitting this application, lagree to conduct business and pay	my account according to the terms of	of Internati	onal Precision I	nstruments
Corporation (IPiC). I understand that orders will not be shipped if my acc	ount becomes delinquent, and that I am	responsible	for any and all col	llections fees
and attorney expenses.				

City

Name of Contact

Phone No. Fax No.

Zip

State

\* By providing my email, I agree to receive product and marketing related information from International Precision Instruments Corporation (IPiC)

CALIFORNIA PROP 65 WARNING: Products may contain chemicals known to the State of California to cause cancer and/or birth defects or other reproductive harm. For more information go to www.P65Warnings.ca.gov.

By signing this Dealer Application, I hereby authorize the above-named Bank and Trade References to release information requested by/to International Precision Instruments Corporation (IPiC) for the purpose of establishing a trade account with their organization.

Signature of owner, partner or officer: \_\_\_\_

RAD

3. Address

Name of Business

SEND COMPLETED **DEALER APPLICATION** AND **W-9 FORM** AND/OR **STATE SALES LICENSE** TO: fax: (+1) 949.366.0496 or email: info@iGAGING.com