

**INTERNATIONAL PRECISION INSTRUMENTS CORPORATION**

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

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**DEALER APPLICATION****ORGANIZATION OF BUSINESS** Individual Owner    Partnership    Corporation

<b>COMPANY INFORMATION</b>	Company Name		Phone No.	Fax No.
	Address		City	State   Zip
	Owner		Year Business Started	Annual Sales
	Primary Contact		Title	E-Mail Address*
	Resale No.	Number of Inside Salespeople		Number of Outside Salespeople
	Inventory on Hand			Total Employees
	Person in Charge of Marketing		Branch Location	

<b>BANK REFERENCE</b>	Bank Name		Account No.		
	Type of Account				
	Address		City	State	Zip
	Name of Contact		Name of Contact		

<b>TRADE REFERENCES</b>	Name of Business		Name of Contact		Phone No.
	1. Address		City		Fax No.
					State   Zip
	Name of Business		Name of Contact		Phone No.
	2. Address		City		Fax No.
					State   Zip
	Name of Business		Name of Contact		Phone No.
	3. Address		City		Fax No.
					State   Zip

Upon submitting this application, I agree to conduct business and pay my account according to the terms of **International Precision Instruments Corporation (IPiC)**. I understand that orders will not be shipped if my account becomes delinquent, and that I am responsible for any and all collections fees and attorney expenses.

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

CALIFORNIA RESIDENCE PROP 65 WARNING: IPiC 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](http://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: \_\_\_\_\_

**SEND COMPLETED DEALER APPLICATION AND W-9 FORM AND/OR STATE SALES LICENSE TO:**

**fax: (+1) 949.366.0496 or email: info@iGAGING.com**