

Ice Zapper Preferred Dealer Application

Please complete the following Preferred Dealer application
and fax to: 218-739-4879 ATTN: Del Jose

Business Name: _____

Business Address: _____

City, State, Zip: _____

Contact Person: _____

Contact Person Title: _____

Email: _____

Business Phone: _____

Business Fax: _____

Business Web Address (URL): _____

Federal Tax ID #: _____

Sales Permit #: _____

Number of years in business: _____

What types of products do you currently sell or service:

I would like to be approved as a dealer for Ice Zapper products.
The information provided above is true and complete.

Signature: _____

Date: _____