



Dealer Application Form

Please fully complete this form and send it back to us

Your Company Name:

Your Name:

Title:

Address:

City:

State: Zip: Country:

Year Established:

Email:

Fax Number:

Phone Number:

Your Business Website Address:

Estimate the number of customers who visit your shop each week:

How many Electronics International instruments do you hope to sell each month:



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Are you (check appropriate box):

- Aircraft Repair Shop
 FBO
 Instrument Shop
 Other

What are your favorite features of our instruments:

Please explain how you intend to promote our products:

In order for us to authorize you as a new dealer, we must obtain information from other manufacturers who have previously granted you dealership status. Please provide us with the following information on those manufacturers and the products you distribute for them:

Manufacturer's Name:

Products You Sell:

Phone:

Contact Name:

Printed Name:

Signature:

Your Title:

Help Us

To authorize your company as an Electronics International Dealer, be certain to include a copy of your business license, A&P or IA certificate and any other pertinent licenses and certificates with your completed Application Form.