



Dealer Application Form

Please complete this form and send it to Support@iFlyEi.com

Your Company Name:					
Your Name:					
Title:					
Address:					
City:					
State:	Zip:	Country:			
V					
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:					

iFlyEi.com





Dealer Application Form

Are you (check app	propriate box):		
Aircraft Repair Sho	pp FBO	Instrument Shop	Other
What are your favo	orite features of our	instruments:	
Please explain how	you intend to pron	note our products:	
granted you dealership star you distribute for them:	you as a new dealer, we m itus. Please provide us with	ust obtain information from other manufo n the following information on those ma	nufacturers and the products
Manufacturer's Name	ie:		
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.

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