

## Ice Zapper Dealer Application

Please complete the following and submit to SkyXpress Satellite

Mail: 1008 Frontier Dr., Suite 202, Fergus Falls, MN 56537

Email: [cs@skyxpress.net](mailto:cs@skyxpress.net)

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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: \_\_\_\_\_