

IJK OPTICS COMPANY

Distributor Application Form
[Min. \$10,000 up to \$35,000]

Name of Company_____

Address_____

City_____

State_____ Zip_____

Phone #_____

Email_____

Website_____

Contact person name_____

Contact person cell#_____

Business License #or copy of BL_____

Signature_____ Date_____

This is a one time purchase of investment of min. \$10,000 up to \$35,000. Contract necessary with IJK Optics Co. after reviewing territory availability.

Warranty is handled by IJK Optics Co.

Steve #(602)690-6976 Email: steve@ijksales.com

Full price list is provided upon filling out this application form by IJK Optics Co. Website: www.ijksales.com