



Dealer Application

Independent Supplier Group Discounted Membership Fee! \$32/mo. Will be deducted as part of your monthly ISG fees

As an IOPFDA Member you also have dual membership in ISSA. You will begin receiving IOPFDA's eNewsletter and Monthly Electronic Publication, **Independent Dealer**. There are a number of ways that you can ensure that everyone in your office and/or branch offices receive these valuable member benefits. And, because we care about your privacy, our strict policy keeps your email address 100% safe and secure. We will not sell your list to anyone.

- Complete the form below and send with your application.
- Attach a Company Directory in Word, Excel or comma-delimited text to **miket@issa.com**.
- Add Employees to your IOPFDA Company Profile Listing. (you will receive a username and password upon membership)

Company Name: _____

Primary Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Toll Free: _____ Fax: _____

Website: _____ Email: _____

Independent Dealer Location Tool Information

Number of Employees: _____ Annual Sales (\$): _____

Buying Groups: _____ Association(s): _____

Products & Services Offered:

- | | |
|---|--|
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Office Equipment, Business Machines, Related Supplies |
| <input type="checkbox"/> Computer Hardware, Software & Related Supplies | <input type="checkbox"/> Office Furniture & Accessories |
| <input type="checkbox"/> Coffee/Breakroom Supplies | <input type="checkbox"/> Janitorial & Sanitation Supplies |
| <input type="checkbox"/> Other Products (Identify) _____ | <input type="checkbox"/> Printing |
| _____ | <input type="checkbox"/> Advertising Specialists |
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Branch Office Locations (copy or attach list if necessary)

Primary Contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Primary Contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Additional Contacts (copy or attach list if necessary)

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____