



# Membership Application

International Business Products, Inc.

PO BOX 975  
Queen Creek, AZ 85142  
Phone: (480) 393-1694  
[www.IBPI.net](http://www.IBPI.net)

*\*denotes mandatory information*

*Company Name:		*Date:
*Address:		*Phone:
*City:	*State:	*Zip:
*Principal Name:		
*Principal E-mail:		
Company Website:		

## Contact Information

NAME	EMAIL
*Key Contact:	
Service Manager:	
Supplies Manager:	
Sales Manager:	
Purchasing Parts:	
Admin. Manager:	

## Company Information

# of Employees:	Association Affiliations: <input type="checkbox"/> BTA <input type="checkbox"/> CDA <input type="checkbox"/> SDG <input type="checkbox"/> PDG <input type="checkbox"/> BPCA <input type="checkbox"/> American Co-Op Other:
# of Techs:	
# of Sales:	
Total Annual Sales Volume: \$	

## Locations

Address	City	State	Zip	Phone

## Current Product Line Information

OEM Product Lines:	<input type="checkbox"/> Managed Network Services <input type="checkbox"/> Managed Print Services <input type="checkbox"/> VoIP Services Other:

\_\_\_\_\_  
\* Authorized Signature (Principal/Owner)

\_\_\_\_\_  
\* Date

### Office Use Only:

Date Rec'd \_\_\_\_\_ Date Appr'd \_\_\_\_\_ Inv. #: \_\_\_\_\_ Amount Rec'd \$ \_\_\_\_\_  
 Check # \_\_\_\_\_ Date Check Rec'd \_\_\_\_\_ DB \_\_\_\_\_ Act \_\_\_\_\_ PR \_\_\_\_\_ Web \_\_\_\_\_ Em \_\_\_\_\_ Ltr \_\_\_\_\_ Ven \_\_\_\_\_

Email completed form to:  
[jean@ibpi.net](mailto:jean@ibpi.net)