



**Jescraft | Jesco Iron Craft Inc.**  
201 W Fort Lee Road, Bogota, NJ 07603

# NEW DISTRIBUTOR APPLICATION FORM

Process this Application immediately via Fax: (201) 488-7359

(original must be mailed)

Questions? Please Call Jescraft at: 1(800) 524-1142

ASSIGNED ACCT #	
--------------------	--

**BUSINESS  
NAME**

	TAX ID #
--	----------

**BILLING  
ADDRESS**

STREET ADDRESS	# OF YEARS AT LOCATION
----------------	------------------------

CITY	STATE	ZIP	COUNTY OR COUNTRY (if foreign)
------	-------	-----	--------------------------------

**SHIPPING  
ADDRESS**

STREET ADDRESS	# OF YEARS AT LOCATION
----------------	------------------------

SAME  
AS BILLING

CITY	STATE	ZIP	COUNTY OR COUNTRY (if foreign)
------	-------	-----	--------------------------------

**PHONE/FAX/  
WEBSITE**

PHONE #	FAX #	WEBSITE
---------	-------	---------

**PRESIDENT/  
OWNER**

FIRST NAME + M.I.	LAST NAME	PHONE #
-------------------	-----------	---------

**SALES  
MANAGER**

FIRST NAME + M.I.	LAST NAME	PHONE #
-------------------	-----------	---------

E-MAIL	FAX #	CELL PHONE #
--------	-------	--------------

**PURCHASING  
AGENT**

FIRST NAME + M.I.	LAST NAME	PHONE #
-------------------	-----------	---------

E-MAIL	FAX #	CELL PHONE #
--------	-------	--------------

**ACCOUNTS  
PAYABLE MGR**

FIRST NAME + M.I.	LAST NAME	PHONE #
-------------------	-----------	---------

E-MAIL	FAX #	CELL PHONE #
--------	-------	--------------

The undersigned hereby applies for becoming a Distributor of Jesco Iron Craft Inc. (the Company) and acknowledges that he/she:

1. Shall abide by and be subject to the Terms and Conditions set forth on the back of this Application and the policies and procedures of the Company which are incorporated herein by reference as they are now or may be amended;
2. Shall be entitled to purchase product from the Company, build a sales organization, and enjoy benefits available to all Distributors, in accordance to the Company's Terms & Conditions;
3. **Must mail the original copy of this form back to the Company for processing and filing purposes after filling out this form accurately and completely.**

Distributor has received, read, understands, and agrees to be bound by the terms and conditions of this agreement, all documents referred to herein, as such may be amended.

**FOR OFFICE USE ONLY**

APP. FORM PROCESSED DATE

**X**  
\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

**www.jescraft.com**  
**(800) 524-1142**