



DISTRIBUTOR INFORMATION FORM

Please Print Clearly

Date:		Business Name:	
Last Name:		First Name:	
Email Address:		Website Address:	
Mailing Address:			
City:	State:	Zip:	Office Phone #: () -
Shipping Address:			Cell #: () -
City:	State:	Zip:	Fax #: () -
Markets you service:			

Applicant's Signature/Title: X	Date:
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Thank you for registering to be an I-OpenR™ authorized distributor.

Return application by mail to: KZCO, inc., 770 County Road A, Ashland, NE 68003
 Attn: Carrie Widger, Product Manager
 or
 Fax to: 402-944-2402