



apr industries

A DIVISION OF AERO PRODUCTS RESEARCH, INC.

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Phone: 310.641.7242 | Fax 310. 649.1703 | e-mail: sales@aprindustries.com | www.aprindustries.com

Authorized APR Dealer Application

Please complete this application to become an Authorized APR Pilot Equipment Center. Fax to (310) 649-1703
Attn: APR Dealer Program or via e-mail to sales@aprindustries.com. Indicate N/A for items that are unknown or not applicable.

A. Applicant:

Business or Institution Name: _____ dba: _____

Owner's name: _____ Direct Phone: () - Ext. _____

Address: _____ Years at this location: _____

City: _____ State: _____ Zip: _____ - Country: _____

Phone: () - Ext. _____ Fax: () - _____

E-mail: _____ Website: _____

Business Type: Partnership: Proprietorship: Corporation: Other: _____

Date business established: ____ / ____ / ____ No. of Employees: _____ No. of Customers: _____

Resale Tax Number: _____ Affiliated companies, type of business and location: _____

B. Management:

Primary Contact: _____ Position: _____

Phone: () - Ext. _____ E-mail: _____

Director of Marketing: _____

Phone: () - Ext. _____ E-mail: _____

Sales Mgr.: _____ No. of Salespersons: _____

E-mail: _____ Phone: () - Ext. _____

C. Learned about APR products from:

Customers: Internet: Advertisements: Mailers:

Other: _____



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D. Check the Pilot Training and in-flight Equipment your customers need

E6-B WIND TRIANGLE TIME/SPEED/DISTANCE COMPUTERS

The following 3 models have a Time/Speed/Distance computer on 1 side combined with one of the following:

- | | | | | | |
|-----------------------------|--------------------------|--------------------------------|--------------------------|--|--------------------------|
| NAVIGATION PLOTTER | <input type="checkbox"/> | TRAFFIC PATTERN COMPUTER | <input type="checkbox"/> | DENSITY ALTITUDE COMPUTER | <input type="checkbox"/> |
| CR COMPUTERS | <input type="checkbox"/> | CUSTOM CHECKLIST HOLDERS | <input type="checkbox"/> | IFR FACILITY CHART PLOTTERS | <input type="checkbox"/> |
| KEYCHAIN COMPUTER | <input type="checkbox"/> | HOLDING PATTERN COMPUTER | <input type="checkbox"/> | CROSS COUNTRY PLANNING LOGS | <input type="checkbox"/> |
| KNEEBOARD (all types) | <input type="checkbox"/> | NAVIGATION PLOTTERS | <input type="checkbox"/> | ALUMINUM Pressure sensitive PLACARDS | <input type="checkbox"/> |
| FLIGHT LOG PADS | <input type="checkbox"/> | ROTARY AZIMUTH PLOTTERS | <input type="checkbox"/> | AN BOLT AND LENGTH GAUGES | <input type="checkbox"/> |
| ALL PRODUCTS LISTED | <input type="checkbox"/> | OTHER TYPES | _____ | | |

E. Which brand of pilot training equipment do you presently sell?

APR: ASA: Jeppesen: Gleim: Other: _____

Your Estimated annual purchases of pilot's equipment listed in Section D: \$ _____

F. Pilot Training Equipment Purchased from?

Distributors: Dealers: Manufacturers: Others: _____

Company name: _____ Phone: (_____) _____ - Ext. _____

Contact: _____ Position: _____

Company name: _____ Phone: (_____) _____ - Ext. _____

Contact: _____ Position: _____

G. Do you have pilot training programs?

Name of Flight School: _____ Phone: (_____) _____ - Ext. _____

Name of Ground School: _____ Phone: (_____) _____ - Ext. _____

E-mail: _____ Website: _____

Chief Flight Instructor: _____ Phone: (_____) _____ - Ext. _____

E-mail: _____ Additional Flight Instructors: _____ Full time: Part time:

Ground School Director: _____ Phone: (_____) _____ - Ext. _____

E-mail: _____ Website: _____

H. Flight Training Programs: Check all that apply: Part D.61 Part 141 Ground School

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Private Pilot: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Instrument Pilot (or Rating): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commercial Pilot: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Airline Transportation Rating (ATR): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Multi Engine (Rating): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Recyclable

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PAYMENT TERMS AND CREDIT REFERENCES

Credit card purchasers do not require references. For other payment methods please supply three (3) supplier references, including supplier's name and address, contact name, phone, fax, and Email.

SUPPLIER REFERENCES:

1. Company Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ - _____ Country: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____

2. Company Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ - _____ Country: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____

3. Company Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____ - _____ Country: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

E-mail: _____

Please send us the complete details on how we can become an APR Authorized Dealer.

Signature: _____ Name: _____

