



# Dealer Application

## Select Buying Group\* Membership Fee: \$39/mo

Will be deducted as part of your monthly buying group fees

As a WSA Member you also have dual membership in ISSA. You will begin receiving WSA'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 information 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 WSA Company Profile Listing. (you will receive a username and password upon membership)

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Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

My business is a member of:    Independent Suppliers Group    Office Partners    Direct Purchasing Catalog Group

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

Association(s): \_\_\_\_\_

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### 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)

<b>Name:</b> _____	<b>Name:</b> _____	<b>Name:</b> _____
Title: _____	Title: _____	Title: _____
Email: _____	Email: _____	Email: _____
Phone: _____	Phone: _____	Phone: _____

10275 W. Higgins Road, Suite 280 Rosemont, IL 60018 -wsa.issa.com - miket@issa.com

\*Rate available to members of the Independent Suppliers Group, Office Partners, Inc, and Direct Purchasing Catalog Group