



ITE Parts, INC.

Registration Form

Please provide the information below, **along with a copy of your tax exempt certification** (Please be sure to copy both sides if applicable). The mailing address is:

**ITE Parts, Inc.
1200 Pauls Lane
Joppa, MD 21085**

Primary Business Contact: _____

Name of Business: _____

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

E-mail Address: _____

Please check tax exempt condition(s):

Resale ___ School / Education ___ Federal Government ___ State / Local Government ___

Foreign Diplomat ___ Indian ___ Non-profit Organization ___ Non-profit Religious ___

Other ___