



# Dealer Application

**Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business Type** *(Mark all that apply):*

- Online store (*Website address:* \_\_\_\_\_)
- Retail Commercial Store Front (*Include photos of retail location and space*)
- Retail without commercial store front
- Marina (*Include photos of retail location and space*)
- Installer

Please return completed application to [info@thelivescanner.com](mailto:info@thelivescanner.com)

Please allow five (5) days for processing of application

After application is reviewed management will contact you to discuss the application

**Thank you in your interest in The Livescanner!**