



THE LIVESCANNER
HANDS - FREE OPERATION

Sonar Transducer Mount

DEALER APPLICATION

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

TYPE OF BUSINESS *(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

PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING OF APPLICATION

AFTER APPLICATION IS REVIEWED MANAGEMENT WILL CONTACT YOU, TO DISCUSS THE APPLICATION

Thank you and we appreciate your interest in The LiveScanner!