

DEALER APPLICATION

| Name of Dealer (Please Print) | | |
|--|------------|----------|
| Address: | | |
| Business Phone | | |
| Name of Authorized Person (Please print) | | |
| Title | Cell Phone | |
| | @ | |
| Email (please print) | | |
| Signature | | Date |

Please complete and return to:
POS Notify
support@posnotify.com