

## DEALER APPLICATION\* TO LOOK SOLUTIONS

Please complete the following application and mail, fax, or email it back to us.

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

Your Name & Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Business Entity (circle one): Corporation LLC Partnership Proprietorship

Date Founded: \_\_\_\_\_ State (if Corp or LLC): \_\_\_\_\_

Briefly describe your business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brands of fog machines you currently sell\*\*:

\_\_\_\_\_

Please attach a copy of your state resale certificate to this application and return to:

Look Solutions USA, Ltd.  
10210 Governor Lane Blvd.  
Suite 2008-B  
Williamsport, MD 21795  
Fax: 240-366-8286  
Email: usa@looksolutions.com

Questions? Call 240-366-8285

\* This is a Dealer Application, not a Credit Application. Open billing is not available for your first order.

\*\* This is not intended to imply that Look Solutions requires exclusivity.