

Light&Move Developer

**SDK application form**

**Company Name**

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|  |

**First name**

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| --- |
|  |

**Last name**

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| --- |
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**email address**

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| --- |
|  |

**Phone number**

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|  |

**Business type**

( Neurology / Physics / Comprehensive )

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**Product type**

( Brand Sales / Clinical / Treatment System )

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**Company website**

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**Expected way of cooperation**

( Distribution / Exclusive / System only )

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**Main market**

( Country or Region )

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**Company Profile**

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**Technology platform**

( Android / iOS / Windows )

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| --- |
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**Application or system** (Optional)

( URL / App name )

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**Agree to SDK Terms of Use**

( Agree / Disagree )

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|  |

View SDK Terms of Use:

https://www.lightmove.tech/download/SDKTerms\_of\_Use.pdf

**Signatory**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of signing**

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