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Retailer Application Form.

Details:

Date: _____

Company Name: _____

Contact person name: _____

Website address: _____

Email address: _____

Phone: _____

Mobile: _____

Billing Address: _____

Shipping Address: _____

Which products do you currently sell?: _____

Do you have a physical retail shop: Yes No
 Address same as above If not Address: _____

Intended Sales Channels: Retail Shop Internet store Personal sales Mail Order

International Sales: Yes No

Desired Payment method: Credit Card (+0.4%)
 (Highest margin for CC and Bank transfer) - Please complete the credit card authorisation form and email, fax or send it to us
 Bank transfer
 30 days (Need a credit application form)

Signed _____ Dated: _____