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ALCHEMY AUTHORIZED RESELLER APPLICATION FORM

Legal business name: _____

Company DBA name: _____

No. years in business: _____ No. of employees: _____

Ownership type: _____

Name of Owner/Principal/CEO: _____

Type of business (Dive shop - or describe other): _____

Primary country of business: _____

VAT Reg. number / Company license number (mandatory): _____

Primary address: _____

Total no. of physical locations: _____

Company's total annual sales: _____ Currency: _____

% sales from retail shop: _____

% sales from ecommerce website you operate: _____

Social media sites operated (links to Facebook, Twitter, YouTube, etc):

Will you sell alchemy products online? If yes, provide your web shop URL:

#1 Selling brand you carry: _____

Other major brands you carry: _____

To submit a reseller application please email the following to **info@alchemy.gr**

1. complete form
2. photo of storefront or link to url showing storefront
3. photo of retail sales floor or link to url showing retail sales floor