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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 an alchemy authorized reseller application
please email the following to reseller@alchemy.gr**

1. Completed application 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