



RESELLER APPLICATION



Legal business name:

Company DBA name:

Name of Owner/Principal/CEO:

Type of business (Diveshop / or describe other):

Primary country of business:

VAT Reg. number / Company license number / TAX id:

Primary address:

Total nr. Of physical locations:

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

1. Complete form (all fields are mandatory)
2. Photo of storefront or link to url showing storefront
3. Photo of retail sales floor or link to url showing retail sales floor

