

Gandalf Distribution Reseller Application

Note! All fields marked with * are obligatory.



Information about the company

| | |
|--|------------------------------|
| Company name * | Name registered * |
| VAT number * | Number of employees * |
| Phone number * | Phone number to accounting * |
| Email for info & order confirmations etc * | Email for invoice PDF * |
| Turnover last year * | Turnover this year * |

Invoice adress *

| | |
|---------------|---------------|
| Street adress | Adress line 2 |
| City | County |
| Postal code | Country |

Delivery adress *

| | |
|---------------|---------------|
| Street adress | Adress line 2 |
| City | County |
| Postal code | Country |

Contact persons

| | | |
|--------------------|--------------|-----------|
| Sales Manager * | First name | Last name |
| | Phone number | Email |
| Purchase Manager * | First name | Last name |
| | Phone number | Email |
| Finance Manager * | First name | Last name |
| | Phone number | Email |

Gandalf webbshop login

The following people wish to log in to the Gandalf webshop (min. 1, max. 4)

| | | |
|------------|--------------|-------------|
| Person 1 * | First name * | Last name * |
| | Title * | Email * |
| Person 2 | First name | Last name |
| | Title | Email |
| Person 3 | First name | Last name |
| | Title | Email |
| Person 4 | First name | Last name |
| | Title | Email |

Signed / Approval

| | |
|--------------|---------------------|
| First name * | Last name * |
| Email * | Date (dd/mm/yyyy) * |

Consent

I have read and accept the terms of [sale \(in Swedish\)](#) *

I agree to use my personal data in accordance with the [privacy policy \(in Swedish\)](#) *

Signature *

Handwritten signature from registered signatory

Note! Fill in all fields marked with *. Print the form and hand sign it. Scan all papers and send them to backoffice@gandalf.se.
Tip: Ctrl + P in Windows or Cmd + P in MacOS to print.