Gandalf Distribution Reseller Application Note! Fill in all fields marked with * and send the application to backoffice@gandalf.se





Information a	bout the comp	pany				
Company name *			Registered ı	Registered name *		
VAT number *			Phone numb	Phone number *		
E-mail for invoice PDF *			Turnover thi	Turnover this year * (enter currency)		
Turnover last year * (enter currency)			Number of e	Number of employees *		
■ Invoice adress Street adress *			Adress line 2			
City *			County *			
Postal code *			Country *			
■ Delivery adre	ss					
Street adress *			Adress line 2			
City *			County *			
Postal code *			Country *			
■ Business Choose one or more typ	es of business *		Short descri	ption of business *		
B2B (sales to businesses) Online shopping						
B2C (sales to end customer) Consultant Store		Consultant				
■ Contact perso	ons First name *			Surname *		
Sales Manager *	Phone number *			E-mail *		
	First name *			Surname *		
Purchasing Manager *	Phone number *			E-mail *		
	First name *			Surname *		
Financial Manager *	Phone number *			E-mail *		

Gandalf web shop login

The followi	ng people wish to log in to the Gandalf webshop (min. 1, ma	ax. 4). Note! These people will also receive newsletters from Gandalf Distribution
	First name *	Surname *
Person 1*	Title *	E-mail *
	First name	Surname
Person 2	Title	E-mail
	First name	Surname
Person 3	Title	E-mail
	First name	Surname
Person 4	Title	E-mail
_	nent method payment method *	Desired credit amount * (enter currency)
■ Siana	ed / Approval	
First name		Surname *
E-mail*		Date (DD/MM/YYYY) *
l agre	ent read and accept the terms of sales * (in Swedish) re to use my personal data in accordance with the privacy pose to follow the Gandalf part of ELKO Group Partner Code of	
■ Signa Signature f	ature irom registered signatory * (click on the field below for digit	al signature or see guide below)