



Become a Gather Retailer

Primary Contact Information

First Name:*

Billing Contact Name:*

Last Name:*

Billing Email:*

Job Title:

Billing Phone:*

Email:*

Phone:*

Organization Information

Organization Name:*

Reseller #/Tax ID:*

Website:*

Number of Locations:*

Full Address of Headquarters:*

Approximate Volume (# of units):*

Do you plan to sell online?:*

Full Shipping Address:*

Please attach 2-4 store images below, including at least one outside and one inside.

Organization Types

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Active Wear | <input type="checkbox"/> Coffee/Tea Specialty | <input type="checkbox"/> Home Décor/Kitchen | <input type="checkbox"/> Spa/Salon |
| <input type="checkbox"/> Beauty/Cosmetics | <input type="checkbox"/> Fashion/Apparel | <input type="checkbox"/> Hotel/Boutique | <input type="checkbox"/> Sporting/Gym |
| <input type="checkbox"/> Book Store | <input type="checkbox"/> Furniture | <input type="checkbox"/> Jewelry | <input type="checkbox"/> Swim/Resort |
| <input type="checkbox"/> Catalog | <input type="checkbox"/> Gift | <input type="checkbox"/> Museum/Gallery | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Charity | <input type="checkbox"/> Gourmet/Wine | <input type="checkbox"/> Press/TV | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Health/Grocery | <input type="checkbox"/> School/University | <input type="checkbox"/> Travel |

Tell Us A Little More

Five notable brands you carry:*

Social Media Handles:

Facebook:

Instagram:

Twitter:

Pinterest:

Who are your customers?*

How did you hear about us?