

Thank you for your interest in becoming a distributor for Gktech. Please carefully look through and fill out the following information requested.

Please e-mail back to us this application form completed in full, as well as the following:

- Certificate of Registration of Business Name
- Business Card

BUSINESS INFORMATION

First Name:		Surname:	
Registered Business Name:			
Trading Name:			
Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/>			
ABN:		ACN:	
Business description/General information regarding your business & Brand:			
Website URL:			
Social Media accounts:			
Street Address:			
Suburb:		State:	Post Code:
Country:			
Phone:		Fax:	
E-mail Address:			
Years Trading:		Estimated Annual Sales Volume: \$	
Other brands you sell/distribute:			
What products are of particular interest to you?			

AGREEMENT

I, _____ (print full name) at _____
(business name) agree that all information outlined above in this application form are true and correct.

Signature of applicant

Date