

Reseller application form

Contact Person

First and Last Name : _____

Job Title / Position : _____ Direct Phone : _____

Professional Email (used for account login) :

Company Information

Company Name (Legal Name) : _____

Trade Name (If different) : _____

Year established : _____ Industry/Sector : _____

Website: _____

Instagram: _____

Facebook: _____

TikTok: _____

Contact Details

Address : _____

Zip/Postal Code : _____ City : _____

Additional Information

Main distribution channel : ☐ Physical store ☐ E-commerce ☐ Both ☐ Other (specify)

What are the 3 main brands you currently distribute ?

Why do you want to offer Gecodart products to your customers ?

What is the typical profile of your customer base ?

Additional information or questions :

Please attach 2 or 3 photos of your physical store.

Consentement et Validation

☐ *By submitting this form, I certify that the information provided is accurate and confirm that I am acting as a professional.*

☐ *I agree that my data will be processed by Gecodart for my reseller account application.*