



Registration of new distributor / retailer.

Date: _____

Business information

Business Name: _____

Business VAT if any: _____

Business Representative: _____

Street Address: _____

City and ZIP code: _____

Region: _____

Contact Phone Number: _____

Contact Email Address: _____

Copy of Business permit is attached to this application.

Sales Agent (if any): _____

Contact information for customers:

Business name: _____

Contact Phone Number: _____

Contact Email Address: _____



Order Placement Information if different from business owner.

Person Responsible for Placing Orders: _____

Contact Phone Number: _____

Contact Email Address: _____

Delivery Information if different from business address.

Street Address: _____

Business Representative: _____

City and ZIP code: _____

Region: _____

Contact Phone Number: _____

Contact Email Address: _____

Fill out this form and submit it to our office by email to order@swedesnus.com.

We will review your application and get back to you as soon as possible.

When the registration is completed we will send a link, username and password for access to our online order system.