

ABI RESELLER APPLICATION

WELCOME TO A NEW WORLD OF BATHROOMS AND INTERIORS

Please circle if you are applying to be a reseller or an affiliate

AFFILIATE ACCOUNT  
AFFILIATE COLOUR BOARD

or

RESELLER ACCOUNT  
RESELLER PLUG + PLAY DISPLAY

Business Name:



ABN:



Contact Name: \*Owner

Alternative Contact: \*eg. Manager









Business Address:

Showroom Address: \*If different

How long have you been in operation for?

Showroom Opening Hours:

Mon:

Products / Brands sold in your showroom?

Tues:

Wed:

Thurs:

Fri:

Sat:

Sun:



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Please tick below: \*Choose most applicable option

- Are you a retail outlet?                      or                       By appointment only
- Do you sell direct to public?                      or                       To trade and designers
- Have you purchased ABI products before?

Why would you like to become an ABI reseller?

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Please include any additional information below.

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By signing this form, you confirm all information you have provided is true.

Printed Name:

Signature:  Date: