GALLERY SHOP SUPPLIER APPLICATION  
Please complete the following document and send through to artgallery@cgg.wa.gov.au

Company Name:  
Contact Name:  
Email:  
Company website:

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| --- |
| Please provide a brief description of your products |
|  |
| Please explain how your products are unique |
|  |
| Are your products stocked anywhere else in Western Australia? |
|  |
| Please provide examples of products and their wholesale prices (insert images) |
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