

# Become A Seller

## YOUR DETAILS

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First Name:\*

Last Name:\*

Email Address:\*

Post Code:\*

Phone Number:\*

## YOUR BUSINESS DETAILS

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Your Business Name:\*

ACN/ABN:\*

URL Of Your Store:

Category:

Number Of SKUs :

eCommerce Platform:

\*Required fields

Once completed, please send this form to [marketplace@myer.com.au](mailto:marketplace@myer.com.au)