

Super Stockist / Distributors / Dealers Form



Name and address of the firm: -

Year of establishment:-

Contact Person:-

Constitution of Firm

Proprietary Partnership Pvt. Ltd. Other

Present activity: - _____

Name and type of product: - _____

Present man power: - _____

Front office Technical Marketing

VAT/ CST No. :- _____

Investment Capacity 1.5 Lakh 3 Lakh 10 Lakh

Any Branch Offices in India or Abroad? If Yes Location

What is your expectation of sales?

Products Units: - _____ Month Units: - _____

Quarter units: - _____ Year units: - _____

Product details if you required

Name and Signed of the Applicant

Employee Name and Designation

Date: - _____

Location: - _____