



## Application - Form

Please Tick

Dealer

Distributor

Agent

- 1 \* **Applied Firm Name :-** \_\_\_\_\_
- 2 \* **Contact Person :-** \_\_\_\_\_
- 3 \* **Town - Reigon selected for Dealer / Distributor:-** \_\_\_\_\_
- 4 \* **Firm Address & Phone no :-** \_\_\_\_\_

5 \* **Present Business Information :-**

	Company Name	Nature of Business	Product	Experience	Turnover annual
A.					
B.					
C.					
D.					

6 \* **Total Investment :-**

	OWN	BANK OD	BORROW	TOTAL
Amt. In Lacs.				

7 \* **Reasons interested in our Product :-**

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_

8 \* **Infrastructure Available :-**

Ware House	If yes then Specify Area	
Auto	If yes then Specify Num.	
Tricycle	If yes then Specify Num.	
Office Space	If yes then Specify Area	
Sales Person	If yes then Specify Num.	
Others		

**Firm Registration Number :-** \_\_\_\_\_

10 \* **Ready to Start When :-** \_\_\_\_\_

11 \* **Investment for our Business In IN R Rs. :-**

	OWN	BANK OD	BORROW	TOTAL
Amt. In Lacs.				

12 **References if Any :-**

	Person Name	Occupation	Relation	Since
A.				
B.				
C.				
D.				

13 **Working Segment Experience :-**

Industry Type	Name of Industry	Yrs of Exp.	Nature of Business	Yrs of Exp.
INC'S				
Govt. Organisation				
Public Ltd				
If Any Other				
If Any Other				

14 **Any other Information :-** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_