



Dealer Registration Form

1. Name of the Firm:.....
2. Prop. / Partner/ Director/ Contact Person:.....
3. Address (Off):
Godown.....
Distt. StatePin.....
4. Tele. No. Off.Fax:.....
Residence:..... Mobile:.....
5. Year & Month of Establishment:.....
6. No. Of Agencies (Dealer & Distributor):.....
Name of The Company & brand / Products:
a.....
b.....
c.....
d.....
7. UPTT /CST/ TIN No.:.....
8. Annual Turnover of the Firm (Last FY).....
9. Man Power:.....
10. Area covered by the firm (till date):.....
11. Area proposed for our product:.....
12. No. of Dealers/Sub Dealers under you.....
13. Security Deposit:.....
14. Details of the transporter:.....
15. References:.....
16. Sister concern / Branch:.....

Party's Sign with Stamp

Sign of the Sales officer