## **DEALERSHIP APPLICATION FORM**

	Applica	tion Form No			Affix passport size photograph and sign across	
A.	Name	of the Applicant:				
1.	Name	Name of the Firm/Showroom:				
2.	Complete Address of the Firm/ Showroom:					
3.	Area/Si	ize of Firm/Showroom				
4.	Phone No. (With STD code):					
••		,	mail:			
5.		of Bank A/c. :				
	a)	Name and address of Ba	nk:			
	,					
	b)	Type of A/c. (tick✓): Savii	ngs Current Other (Plea	ase specify):		
	c)	Account No.:				
	d)	Name of authorized signa	atory:			
	,	(Attach last six month's B	•			
6.	Name of	` firm/company under which c				
	S. No	Company Name	Products	Quantity	Remarks	
	1.					
	2.					
	3.					
	4.					
	5.					

6.7.

7	. Sta	atus of fi	rm (tick✓): Proprietor	ship Partners	ship Limited Company	Private Ltd. Co.		
		(For partnership firms enclose copy of partnership Deed for Companies Memorandum Articles of Association)						
8	. De	Details of Proprietor/Partners/Directors:						
	SI.		Name	Date of Birth	Father's/Husband's nam	ne Marital status		
	1.							
	2.							
	3.							
	4.							
9		Name	and address of associate	e firm(s):				
1	0.	Turnov	/er:					
1	1.	Details	Details of Security Deposit:					
		DD/Ch	eque No.:					
		Date: .	Amou	ınt:				
		Bank:						
		Payab	le at:					
В		1. Last	one-two years turnover	of your firm (in Rs.	Lacs/Cores)			
		(I)		(ii)	(iii)			
2		Please indicate how much you wish to invest in this dealership/distributorship (in Rs. lacs):						
3.		Are you a registered dealer? Yes $\square$ No $\square$						
		(a) Sa	les Tax registration No:_		(b) GSTIN :			
С		1.	Indicate number of per	sons employed in y	our firm (including active partne	ers):		
D		1.	Do you have go down	facility? Yes 🗌 t	No 🗆			
		2.	Indicate size and capa	city of godown.				
		3.	Address of godown:					

	4. Expected Minimum sales per month Place:	·
	Date:	Signature of the applicant(s)
		(with rubber stamp)
Date:		
To,		

Attach copy of documents of firm/ Showroom & godown.

## **DECLARATION**

I/We do hereby declare that the information furnished herein is correct to the best of my/our knowledge and belief. For any incorrect information/mis-information furnished herein and for non-compliance of company's policies formulated from time to time, I/We agree that:

- 1. The Company shall have the absolute right to reject my/our application for appointment as dealer.
- 2. The Company reserves the right to terminate my/our dealership without any notice and assigned any reason.
- 3. The Company shall have the right to forfeit or adjust the whole or part of my/our Security Deposit with them in the manner they may deem fit.

Signature of the applicant(s)

(With rubber stamp)

## FOR OFFICE USE ONLY

Comme	ents of sale promoter Agent/Area Manager		
Applica	tion form No:		
Code:			
1.	Location of business/premises:		
2.	Godown capacity :		
	(a) Area in sq. feet: (b) Capacity in vehicles:		
	(c) Construction: Permanent Temporary		
3.	Experience and capability:		
4.	Financial standing and capability to invest :		
5.	Market reputation and credibility : Excellent  Very good  Good  Average  Poor		
6.	Business potential of party: (Estimated sales/month):		
7.	Total market potential of the area/month		
8.	Assurance of minimum turnover/month		
9.	Approximate number of competitors stockist's in the area/town (major competitors)		
10.	No. (Name of the dealer):		
11.	Interests and hobbies of the dealer:		
12.	Special achievement:		
13.	Credit limit:		
_			
Remar	ks (if any)		
	Signature:		
	Name:		