



## DISTRIBUTOR INFORMATION DETAILS

Name of the Firm :

Type of the Firm :

GSTIN : PAN :

Address :

City / Town :

District : State : PIN :

Name of the Contact Person/s :

Mobile No/s :

E-Mail ID :

No. of Business Centres : No. of Markets / Routes Covered :

No. of Outlets Covered : No. of Sales Persons :

No. of Companies being dealt with :

Current Turnover :

Frequency of invoices to Retail Outlets :  
(Biweekly/ Weekly/ Fortnightly)

All The Above Information Are True to The Best of Our Knowledge

Signature/Date/Seal

Forwarded by

Approved by

ASE/ASM/SM

RM/GM