

Distributor Agreement

To,

Health cart care

FH – 56, D – 102 BAPAT SQUIRE

Indore 452010

Madhya Pradesh, India

info@healthcartcare.com

Phone - +91 84354-63410



I (Name of Applicant): - _____

Would like to be a distributor of health cart care for district _____.

Name of firm:- _____

Residential Address:-

House no. / Building Name _____

Area _____

District _____ State _____ Pin _____

Official/ firm Address:-

House / Building / Store _____

Area _____

District _____ State _____ Pin _____

Contact: Mobile no. 1 _____ Mobile no. 2 _____

Email Id. _____

Name of Banker: - _____

Name of Bank: - _____ Account type: - _____

Account no. _____

Terms and condition

The terms and conditions mentioned here will be effective from the date of signing of this application form cum agreement entered at Indore between the Stockiest & Charakherb.com and will be valid three months and remain in operation unless, terminated

1. The applicant has to Purchase stock of Rs. _____ as one-time Processing fees of being a Distribution Partner by Health cart care. Partner will be getting a margin of 800/- Rs. On each delivery.
2. As a Distribution partner, you shall deposit Advance Payment against inventory in the bank account of Health cart care.
3. The orders' which will be provided by the company should be delivered in maximum 24 hrs. Or returned to the company otherwise company will consider that order as sold quantity.
4. There shall be no minimum business guarantee from Health cart care and the distribution partner agree that business from Health cart care depends on the market conditions, order received from customers from particular area, stock availability, etc.
5. No one will work in your covering area.(ex. G.p.o. or courier) Single area single Distribution partner.

Inventory

6. Monthly inventory shall be set and controlled by the coordinator, depending on the projected sales figure of that location.
7. Company will provide you the orders of your mentioned delivery area on regular basis through on- line or SMS to get these delivered by you.
8. The Distribution partner shall report of defective & damaged stocks within 48 hours of its receipt. The distributor shall return the goods after approval from Health cart care.
9. Distribution Partner has to manage an inventory of minimum 15 days of the projected sales of a month to start business by the help of coordinator.
10. Token amount for area booking valid for 7 days , agreement valid only for full payment

Termination

11. Health cart care is entitled to terminate Distributorship without notice to the Stockiest in an event of default. For the purpose of this Agreement an event of default shall mean: If in case of no response, duplication, or other issues regarding distributorship last decision will be taken by company side only,

12. If any condition you want to quit the business, you should intimate the company before 15 - 45 days. In the case of quit business, Company will take all the stock in same condition and refund the full and final settlement by Cheque /NEFT/ Product liquidation.

Promotion & employees

13. Company own phone no. will flash in all Advertisements shows. All the orders, which will be received by us of
You're said delivery area will be forwarded to you.

- Stockiest needs to submit all required reports given by the Company.
- For demonstration, telemarketing and handling of routine activities, you need to appoint following staff.

NON DISCLOSURE:-

- DISTRIBUTORS SHALL NOT DO ANYTHING, EITHER DURING OR AFTER THE TERMINATION OF THE AGREEMENT, DIVULGE TO OTHERS OR USE FOR ITS OWN BENEFIT ANY CONFIDENTIAL INFORMATION OBTAINED DURING THE COURSE OF ITS APPOINTMENT & BUSINESS WITH THE COMPANY.
- Company not disclose any Customer/Distributor data to any one
- Non-compliance of any applicable law.

I/We agree to abide by the above terms and conditions (page 1,2,3). I _____ do hear by solemnly a firm that the particulars and Information given Above are true and correct to the best of my knowledge and belief and no part of it is false and that I have not with-held or concealed any factor information .

In case any part of the information given above is found to be false or incorrect, my dealership is liable to be better terminated without notice.

And I promised of follow all the rule and regulation draft and signed by mean the contact between me and company under the Indian Contract Act 1872, I confirm application for Distributorship of Health cart care All the matters governed by this Agreement shall be subject to Indore Jurisdiction only.

Distributor Name _____

Signature _____

For,
Health cart care
Signature..

Date

Place