

<b>STOCKIST/Distributorship appointment form:</b>							
1)	Name and Education Of Applicant:						
2)	Address:						
3)	Telephone No. (O) (P)						
	(M)						
4)	Email:						
5)	Constitution: Proprietor/Partner/Pvt. LTD. :						
6)	Authorised Person Name:						
7)	Address:						
8)	S. No.	Partner/Director name	Relation	Address	Ph No.	Age	
9)	Sales Tax No.			Local No. TIN:			
	CST:						
10)	Present Business/ Occupation:						
11)	Present Business status: (a) C&F (b) Distributor (c) Dealer						
12)	How long has the business been:						
13)	Present business facility:						
	(A)Showroom( in sq. ft.)						

	(B)Office (in Sq. Ft.)				
	(C)Go Down (in Sq. Ft.)				
14)	Manpower Strength:				
	(a) Sales and Marketing				
	(b) Services				
	(c) Office				
	(d)Go Down				
15)	Presently associated with :				
	S.No.	Company Name	Status	How long with company	Yearly turnover
16)	Total Yearly Turnover:				
17)	Bankers Name: (a)			Branch:	
	(b)			Branch:	
	Name:		Signature:		Date:
Seal of Company					
For Reliable Products Sales Corporation					
Authorised Signatory					