

# DISTRIBUTOR PROFILE FORM

(Application for Authorized Distributorship)

## 1. Basic Company Information

- Firm Name: \_\_\_\_\_
- Constitution:  Proprietorship  Partnership  Pvt. Ltd.  LLP  Others
- Year of Establishment: \_\_\_\_\_
- Registered Office Address: \_\_\_\_\_

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- Warehouse Address (if different): \_\_\_\_\_
- GST Number: \_\_\_\_\_
- PAN Number: \_\_\_\_\_
- CIN (if applicable): \_\_\_\_\_

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## 2. Contact Details

- Contact Person Name: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Mobile Number: \_\_\_\_\_
- Alternate Contact Number: \_\_\_\_\_
- Email ID: \_\_\_\_\_
- Website (if any): \_\_\_\_\_

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## 3. Business Profile

- Nature of Business:
  - Distributor
  - Wholesaler
  - Retailer
  - Super Stockist
  - Others
- Products Currently Dealing In: \_\_\_\_\_

- Key Brands Represented: \_\_\_\_\_
- Territory Covered (City/State): \_\_\_\_\_
- Number of Retailers Served: \_\_\_\_\_
- Monthly Sales Turnover (Approx.): \_\_\_\_\_

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## 4. Infrastructure Details

- Warehouse Area (Sq. Ft.): \_\_\_\_\_
- Storage Type:  Owned  Rented
- Number of Sales Staff: \_\_\_\_\_
- Number of Delivery Vehicles: \_\_\_\_\_
- Computerized Billing:  Yes  No
- ERP Software Used (if any): \_\_\_\_\_

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## 5. Financial Information

- Annual Turnover (Last FY): \_\_\_\_\_
- Bank Name: \_\_\_\_\_
- Branch: \_\_\_\_\_
- Account Type: \_\_\_\_\_
- Credit Facilities Currently Availed: \_\_\_\_\_
- Expected Monthly Purchase from Our Company: \_\_\_\_\_

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## 6. Market Strength & Capability

- Main Market Segments Served: \_\_\_\_\_
- Experience in Similar Product Category (Years): \_\_\_\_\_
- Existing Distribution Network Strength: \_\_\_\_\_
- Why do you want to become our Distributor?

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## 7. Trade References

1. Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_

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## 8. Documents Required (Attach Copies)

- GST Certificate
- PAN Card
- Cancelled Cheque
- Firm Registration Certificate
- Address Proof
- Latest Bank Statement (Last 6 Months)
- Aadhar Card (Proprietor/Director)

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## 9. Declaration

I/We hereby declare that the information provided above is true and correct to the best of my/our knowledge. I/We understand that submission of this form does not guarantee appointment as Distributor and is subject to company evaluation and approval.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company Seal:

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*Please note that: The Appointment will be subject to approval of management and signing of a formal Distributor Agreement.*