

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 Aailed: _____
 - 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:

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