



DISTRIBUTORSHIP APPLICATION FORM

PRIVATE & CONFIDENTIAL

We are pleased that your Company is interested in becoming our Distributor. We are striving to become the leader and the best in our area of specialization.

1. Company Name.....
2. Address:
3. Agreement Date:/...../.....
Tel:Email:
4. Name of Managing Director (s):.....
Tel:
5. Contact Person1.....
Designation:Tel:
6. Contact Person 2.....
Designation:.....Tel:
7. How many Wholesalers/Retailers network do you have?.....
 - i. No of Sales Support staff.....
 - ii. Proposed area of coverage.....
 - iii. Proposed amount of Investment.....
 - iv. Warehouse Facilities (in sq. mtrs)
 - v. Location of warehouse.....
8. Presently dealing in any product (s)? YES/NO.....

Terms and Conditions:

1. You should not sell our products outside the area assigned to you.
2. The minimum amount required is #5,000 (Five Thousand USD Only).
3. You must submit application letter to become a Distributor with this form.
4. You must attached passport photograph of the Company's Managing Director/Proprietor and the Company representative.
5. If your application is successful, your performance will determine your status as our Distributor.
6. You must place order within 2weeks of appointment

I/we declare that all the particulars and information given in the Application form are true, correct, complete and up to date in all respects and I/We have not withheld any information.

Name..... Designation.....

Date.....

Place.....

Signature & Stamp.....