

## APPLICATION FOR STOCKIST/ SUPER STOCKIST

DEAR SIR /MADAM

**RECOMMENDED BY:** 

WE PLEASED TO ACT AS STOCKIST / SUPER STOCKIST FOR YOUR PRODUCT RANGE.WE AGREE TO ABIDE BY YOUR TERMS AND CONDITION. WE GIVEN BELOW THE COMPLETE DETAILS OF YOUR FIRM FOR YOUR CONSIDERATION.					
1 NAME OF THE FIRM :					
2 ADDRESS :					
3 PHONE NO: OFFICE		E	RESIDENCE (MOBILE)	(MOBILE)	
4 NATURE OF FIRM					
5 CO	NTACT PERSON(S)				
6 YEAR OF ESTABLISHMENT					
7ANNUAL TURNOVER					
8 AGENCIES BEING HANDIED					
	PRODUCTS	TURNOVER	COMPANY	AREA HANDLED	
1					
2					
3					
4					
5					
6					
9 POPULATION					
10 WILL YOU SALE OUR PRODUCTS AT PRICE FIXED BY US					
11 WEEKLY HOLIDAY FOR YOUR MARKET					
12 NO. OF SALESMAN/ DELIVERY MAN					
13 DISTRIBUTION :			RIKSHA / AUTO / VAN		
14 NO. OF RETAIL OUTLETS					
15 GSTIN/UIN					
16 NAME OF TRANSPORT OF YOUR CHOICE					
17 AREA APPLIED FOR					
18 BANKERS					
19 S	ECURITY DEPOSIT				

**SIGNATURE /SEAL OF THE FIRM**