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| **NEW STOCKIST APPOINTMENT (APPROVAL) FORM** |
| **Depot Name :****Name of the Stockist :****Place :****Mailing Address :****(Stockist Letter Head** **Should be Attached)****Telephone No. :** **Tin No. :****Party LST :****Party GST No. :****D.L. NO 20 B :****D. l. NO 21 B :** |
|  |
| **Headquarter :****Credit No. of Days :****Credit Limit (if any) :****No of stockist existing in this territory :**

|  |
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| **Out Standing details of existing parties** |
| **Sr. No.** | **Party Name** | **Invoice No.** | **Date** | **Value** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

**Is this Appointments is : Replacements / Expansion** |
| **Requested By Approved By Created By****Distribution Dept. Head of Sales Distribution Dept.** |
| **CC to:Sales Admin** |