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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 :**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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** |