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| **STOCKIST APPOINTMENT APPLICATION FORM** |
| 1. NAME OF THE STOCKIST:  2. FULL MAILING ADDRESS AS PER :  STOCKIST LETTER HEAD ONLY  3. NAME OF CONTACT PRESON :  4. D. L. NO. :  5. TNGST NO. :  6. GST NO. :  7. TIN NO. :  8. BANKER NAME & FULL MAILING :  ADDRESS  9. TELEPHONE NO OF STOCKIST :  10. FAX NO STOCKIST :  11. E-Mail ID. :  12. STATUS OF STOCKIST FIRM :  (Proprietor/Pvt Ltd/Partnership)  13. NAME OF MAJOR COMPANIES HODING :  STOCKISTSHIP & VALUE OF BUSINESS  COMPANY WISE  14. CURRENT MONTHLY TURNOVER :  15. NO. OF SALESMEN LOCAL & OUTSTATION :  16. NO. OF CHEMISTS SERVICED :  17. AREASOF COVERAGE :  I we hereby agree to take up stockist’s ship of your company and request you to our 1 st order immediately.  Date:  Seal and Signature of Proprietor/Partnership |