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| **STOCKIST APPOINTMENT APPLICATION FORM** |
| 1. NAME OF THE STOCKIST:2. FULL MAILING ADDRESS AS PER : STOCKIST LETTER HEAD ONLY3. NAME OF CONTACT PRESON :4. D. L. NO. :5. TNGST NO. :6. GST NO. :7. TIN NO. :8. BANKER NAME & FULL MAILING : ADDRESS9. 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 WISE14. 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 |