



## Application Form for Stockistship / Dealership for Garg Products

Date:        
D D M M Y Y Y Y

State & District applied for:

### Personal Details

Name of Applicant Mr./Ms./Mrs.

Firm Name

Office Address

Pin:

Tele. No. STD CODE  (O)  (O)

Mobile No.  (R)

Contact Person: (a) Mr./Ms./Mrs.

(b) Mr./Ms./Mrs.

### Current Business Details

Year of Establishment:

Constitution:  Sole Proprietership  Partership  Pvt. Ltd. Co.

Name of Proprietor/ Partner/ Director:

Nature of Business:  Distributor  Stockiest  C & F Agent  Dealer

Capital Investment for our Products: Rs.

Per Month Expected sell of Garg products: Rs.

Turnover Last 2 Yrs. Rs.  Last Year Rs.  Previous Year

Name of Banker:

Address of Banker

Pin:

Tel. No. STD CODE

Sales Tax Registration No. State:

Central:

Tin No.:

Deals in Products:	(i)		(v)		(ix)	
	(ii)		(vi)		(x)	
	(iii)		(vii)		(xi)	
	(iv)		(viii)		(xii)	

**Present Infrastructure**

Territory of Operation: (District Name)	(i)		(v)		(ix)	
	(ii)		(vi)		(x)	
	(iii)		(vii)		(xi)	
	(iv)		(viii)		(xii)	

Warehouse Details :  
(Location/Area)

**Any other Relevant Information**

I \_\_\_\_\_ do hereby declare that what is stated is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Declarant

**Important Remarks**

Information sought through this application form is for the purpose of evaluation & should not be constructed as commitment of any kind.  
We reserves the right to reject any or all such applications.