

DEALERSHIP APPLICATION FORM

1. Name of the Firm: _____
2. Full Address: _____ Tel. Nos: _____
_____ Fax Nos: _____
_____ Res No.: _____
3. Sales Tax Registration Nos. Local: _____ Date: _____
C.S.T: _____ Date: _____
4. Banker's Name & Address: _____ Nature of Bank Facility Enjoyed
_____ Amount: _____
Working Account No.: _____ Tel. No. : _____
5. Year of Establishment: _____
6. Nature of the Firm: Proprietary / Partnership / Pvt. Ltd. Co.
7. Name & Addresses of Partners: 1) _____; 2) _____
_____;
_____;
8. Name of Proprietor/Managing Partner: _____ Age _____ Education _____
9. Income Tax PAN No. : _____
10. Is the Dealership operated from residence: Yes / No: _____
11. Does the Business have an Office: Yes / No: _____
Address: _____ Area (Sq. Feet): _____

12. Does the Dealer have a Show Room / Shop: Yes / No: _____

Address: _____ Area (Sq. Feet): _____

13. Does the Dealer have a Godown: Yes / No: _____

Address: _____ Area (Sq. Feet): _____

14. Do they have a delivery van: Yes / No: _____

15. Working Capital employed in Business:

Avg. Inventory level Rs. _____

Avg. level of Receivable Rs. _____

Capacity for further investment in Business Rs. _____

16. No. of field Salesman if any: _____

17. Lines of business under same name:

Sl. No.	Product	Company	Turnover	Credit terms	Nature of relationship
1					
2					
3					
4					

18. Total Turnover of the firm (all products):

19. Sister Concerns / Group of Concerns:

Sl. No.	Name	Product line	Company	Nature of Relationship	Turnover	Credit Terms
1						
2						
3						
4						

20. Any other relevant information :