Dealer Registration Form

Date: _____

Firm

Firm name: _____

Type (proprietor, partnership, company): _____

Address: _____

City and PIN code: _____

GSTIN: _____

PAN: _____

Owner or contact person

Name: _____

Mobile number: _____

Email: _____

Business

Years in business: _____

Brands handled now: _____

Products wanted from us: _____

Expected monthly purchase: _____

Reference

Bank and branch: _____

One trade reference with mobile: _____

I confirm that the above details are correct.

Signature and stamp: _____

Checked by (your office): _____