



APPLICATION FORM FOR DISTRIBUTORSHIP

1) Name of the Firm: _____

2) Postal Address: _____

Phone / Fax / e-mail: _____

3) Nature of Firm: Proprietary / Partnership / Pvt. Ltd./ Public Ltd.

4) Date of Establishment: _____

5)	Name	Proprietor/Partner/ Directors	Phone	
			(Off.)	(Res.)

6) Key person to deal with: _____

7) Name & address of bankers: _____

Phone: _____ Fax: _____

c) Geographical area being covered by you: _____

13) Which geographical area would you like to represent for CVC products?

14) Your infrastructure

• Office space (sq.ft): _____

• Godown location: _____

• Godown area (sq.ft): _____

• No.of staff: _____

- Sales persons: _____

- Accounts: _____

- General: _____

- Transport co. preferred by you _____

Name: _____

Signature: _____

Date: _____

Place: _____

Company Seal