

DEALER'S PROFILE FORM

TOWN: _____

STATE: _____

1. NAME OF THE ESTABLISHMENT: _____

2. YEAR OF THE ESTABLISHMENT: _____

3. ADDRESS FOR CORRESPONDENCE: House/Shop No. _____

Street No. _____ Floor _____ Building _____

City _____ State _____ Pin _____

STD CODE: _____ OFFICE PH: _____

FAX: _____ RESI PH: _____ MOBILE: _____

E-MAIL _____

4. TYPE OF ORGANISATION: PROPRIETORSHIP/PARTERSHIP/PVT.LTD.

5. NAME OF CONTACT PERSON: _____

6. RESIDENTIAL ADDRESS: _____

7. PRESENT NATURE OF BUSINESS: WHOLE SELLER/ DISTRIBUTOR/

SUPER DISTRIBUTOR

8. SALES TAX REGD. NO. AND DT.: _____
(C.S.T. NO. AND LST. NO.)

9. NAME OF BANKER: _____

10. SELLING INFRASTRUCTURE

(a) NO. OF SALES MAN: _____

(b) NO. OF DELIVERY MAN: _____

(c) FACILITIES OF LOCAL DELIVERY: VAN / THREE WHEELER /

ANY OTHER: _____

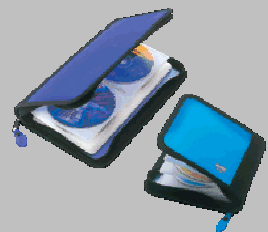
(d) GODOWN FACILITIES: _____

11. TYPE OF PRODUCTS HANDLED: _____

12. ANNUAL SALES TURNOVER FOR LAST THREE YEARS: _____



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13. DISTRIBUTOR DETAILS:

PRODUCT	MFG.CO	ANNUAL SALES	PERIOD OF WORKING

14. NO. OF OUTLETS SERVICED BY YOU:

- (a) STATIONERY SHOPS (b) BOOK SHOPS
 (c) GENERAL MERCHANTS (c) WHOLE SELLERS
 (d) OTHER TYPE TOTAL: _____

15. FREQUENCY OF YOUR SALESMAN: 7 DAY/15DAY/30 DAYS

(VISITED TO EACH SHOP)

16. CAPACITY TO INVEST IN OUR PRODUCT: _____

17. ESTIMATED SALES PER MONTH YOU EXPECT TO GIVE: _____

18. POPULAR NEWSPAPER IN YOUR AREA: _____

19. TAXES AND OTHER LEVIES ON OUR PRODUCT APPLICABLE IN YOUR STATE/TOWN: _____

20. ROAD PERMIT APPLICABLE (Yes / No) _____

21. GIVE NAME OF THREE BANK APPROVED TRANSPORT CO.

SIGNATURE OF PERSON WITH CO. RUBBER STAMP

SECURITY DEPOSITS: _____ AMT. _____

D.D.NO. _____ DT. _____

N.B.: ALL INFORMATION PROVIDED BY YOU IS FOR OUR USE ONLY AND WILL BE KEPT STRICTLY CONFIDENTIAL

REMARK: STATE INCHARGE
 REMARK: SALES MANAGER

RECEIPT OF S. DEPOSITS NO.: _____

DATE: _____ SENT ON: _____

APPROVED BY (MANAGING DIRECTOR)

