

Name of the Firm :

Full Address :

Telephone :

Mobile :

Fax :

Email :

Type of Firm (1) Pvt. Ltd.
(2) Partnership
(3) Proprietorship

Full Address of Partner/Prop :

Year of Establishment :

Bankers Name & Address :

Type of A/c(Facilities) :

Turn over last financial year :-

Contact Person for Communication
with address and tel. nos. :

Sales Tax Details :

Central Reg No :

State Reg. No. :

Product Dealt at Present

Sl. No	Name of Company	Products	Nature of Business	No. of Years	Present turn over

No.of Vehicles available :

(mention tonnage of vehicles)

Area of Operation

Route Plan

Day	Weekly, Fort nightly, Monthly	Route	No.of Outlets Covered

Seal & Signature