

Refcom Trading Pvt Ltd.
54A, Kalikrishna Tagore Road,
Kolkata-700007
Call- 9477802422
Email- contact@mymasala.in
Website- www.mymasala.in

DISTRIBUTOR APPLICATION FORM

1. NAME OF THE APPLICANT: _____
2. OFFICE ADDRESS : _____

3. RESIDENTIAL ADDRESS: _____

4. NAME OF THE FIRM: _____
5. AADHAR NO :-
6. PAN NO:-
7. TRADE LICENSE NO (LAST RENEWAL): _____
8. TELEPHONE NO: _____
9. WHATSAPP NO: _____
10. Email id: _____
11. BUSINESS STARTING YEAR :
12. LAST YEAR TURNOVER :
13. COMPANY DEALING NOW: _____

14. MARKET COVERED: _____

15. NO OF WHOLESALE OUTLET:-

16. NO OF RETAIL OUTLET: -

17. OFFICE SPACE SQFT:-

18. DODOWN SPACE AVAILABLE:-

19. DELIVERY ARRANGEMENT:-

20. EMPLOYEE AVAILABLE:-

21. BANK NAME: _____

BRANCH: _____

A/C NO: _____

A/C TYPE: _____

IFSC CODE: _____

FROM COMPANY DESK A PARTY SHOULD UNDERSTAND.

22. The parties are requested to show the floor, stock & damage stocks time to time to the company person when he will go to party godown for marketing.

23. The parties are requested to give the details of the damage goods within 30 days from the date of purchase.

24. Distributorship will be discontinued if the party is net purchase from company for 2 consecutive months.

25. The company will give no transportation charge, they will give up to Kolkata transport of desired transport company of the party.

DECLARATION

I, We _____ of the proprietors/ partner/ Director/ hereby declare that I shell carry on our business with the company strictly in accordance with the provisions of law and I/we confirm that the information given in the proposal for appointment in true and correct according to the best of my knowledge and belief.

NAME: -

DESIGNATION WITH OFFICE SEAL:-

DATE:-

APPROVED BY:-

HEAD OF SALES:-

NAME:-

DESIGNATION:-