FRENDZ SURGICARE PRIVATE LIMITED

"ROHANIYA KESARIPUR, UTTAR PRADESH

Phone: 9554021430, 9839952895

APPLICATION FOR DISTRIBUTORSHIP/ DEALERSHIP

1	**Location & Area Coverage***						
2	**Name & Address of Firm***						
	FRENDZ SURGICARE PRIVATE LIMITED						
	ROHANIYA KESARIPUR						
	UTTAR PRADESH						
	Tel. No. 9554021430, 9839952895						
	Fax No.						
	E. mail ID.						
3	**Name of the Proprietor/Director/Partner***						
	Residential Address*						
	Tel. No. (R)						
	Mobile No.						
	Date of Birth*						
4	**Year of Establishment**						
5	**Registration Details**						
	GST No. & Date (Copy attached)						
	Drug Lic.No. & Date(Copy attached)						
	PAN No. (Copy attached)						
6	**Banker's Details**						
	Name & Address						
	A/C No.						
	Tel. No.						
	Fax No.						
	Cancel Cheque Attached						
7	**No.of Sales Persons**						
8	**Area of operation**						
9	**Name of Company handling**						
	Directly as Distributor						
10	**Annual Sales Turnover**						
11	**No.of Dealer/Retailer Coverage**						
	No. of N.Home/Hosp.Coverage						
12	**Monthly Business Assurance**		**In Units**			**In Values (Rs)**	
13	**Investment in (Approx) in Rs.**			**Payment Terms***		:	
14	**Preffered Transporter's Name**						
15	**REMARKS (if any) :-**						
	Sign. & Seal of Customer	**Signature of Co. Manager**				**Sign.of Marketing Head**	
	Date:	Date:				Date:	

Note:- Please fill up * as Mandatory.