



MASHALEDANI

Corp Off: S-6/17, Sector 5 GIDA, Gorakhpur, Uttar Pradesh, INDIA - 273209

DISTRIBUTOR INFORMATION FORM

Name & Address of the Firm _____

Tel Nos . (Office) _____

(Residence) _____

Whats App (M) _____

(Mobile) _____

Email Id _____

D.L No. _____

Constitution: Partnership / Proprietorship

Name 1- _____

2- _____

3- _____

4- _____

P.A.N. of the Owner: Partner / Proprietor

(Please Attach a self-attested photocopy of P.A.N. No. (Both Sides)



Imp. Dates of Proprietor/Partner:

Date of Birth _____

Marriage Anniversary Date _____

Bankers : _____

Address & Account No. _____

Doing Business Since : _____

Total Turnover (In Lakhs/Crores) _____

Last 3 Years approx Turn Over (In Lakhs/ Crores) _____

Year _____

Year _____

Year _____

Business with Other Companies: 1. _____

2. _____

With Turn Over 3. _____

4. _____

Warehouse (Godown) Facilities:



Location Area: _____

Area Covered:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

No. of Staff Employed: _____

Distribution Facilities: (i.e. Van/Rickshaw etc.): _____

Preferred Mode of Transport: 1. _____

2. _____

3. _____

Property Details: Municipal No.: _____

Approx Value: _____

Income Tax Permanent Account No. Firm _____

Company _____



Any Other Information:

Date: _____

Place: _____

(Signature & Seal of the Distributor)

Area (State) _____

Distributor Name: _____

Recommended By

Corporate Office Approval

R.S.M Signature

FOR ADVERTISEMENT PURPOSE

Detail of Newspapers Highly Circulated in Your Area

1- _____

2- _____

3- _____



Prior Location For Hoardings at Your Area

1- _____

2- _____

3- _____

Terms & Condition

1. Margin/ Commission & additional Schemes will be mentioned on the price list & can be withdrawn by the company without giving any notice.
2. No cash transactions to be done with sales staff.
3. Above mentioned terms and conditions are for distributor godown.
4. All Disputes will be settled at the Honourable Court of Gorakhpur Jurisdiction.

(Signature of AREA S.O/ Manager)

(Signature & Seal of Distributor)