



Application Form for Dealership

General Information

1	Name of the firm / organization:	
2	Name of the Proprietor / Partners / Directors:	1. 2.
	Details of contact person for business purpose:	Name: Phone & Mobile No.: Email:
4	Registered Address:	
5	Communication Address:	
6	Details of firm / organization:	Telephone no. with STD code: Fax No.: Email ID:

Firm Information

1	Basic information about your business:			
2	Constitution of firm / organization (Please Tick):		Limited	Private Limited
			Partnership	Proprietorship
3	Date of Establishment:			
4	Registration no. with validity:	CST:		
		TIN/VAT:		
5	Local taxes / Octroi if applicable:			
6	Details of your Bankers:		Banker's name: Address: Account No.:	
7	Last three years firm's turn over:		2006-07 :- 2007-08 :- 2008-09 :-	
8	Proposed investment in ET:			
9	Annual Sale committed for ET:			
10	Territory of Operation: (Please mention name of town/city)			

11	Total No. of offices/shops from where you intend to sell ET's products:
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Sr. No	District	Address	Floor Area (sq. ft.)			Employees		
			Office (Minimum 200 sq ft)	Display	Storage (Minimum 500 sq ft)	Sales (Minimum 2)	Service (Minimum 1)	Total
1								
2								
3								
12 Companies for which dealership held currently:								
	Name of the company		Since	Products		Avg. Sales /month		
1								
2								
3								
13	Leading newspapers of the area:							
14	Leading local TV channels:							
15	Office timing:							
16	Weekly holiday:							
17	Important events/fairs/exhibitions of area and minimum expenses for participation:							

QUESTIONNAIRE :

- 1) Give us a small brief about yourself and your business plan
- 2) How did you get to know about our Dealership requirement?
- 3) Please explain why you are Interested in a tie up for selling our Solar Water Heating Systems? Have you seen our Product?
- 4) How do you propose to market our Solar Water heating Systems
- 5) How many Sales and Service people you have on your rolls for marketing our Product. When can you send them for training. Sales : _____ Service: _____

Declaration:

I (Mr/Ms/Mrs) _____ do hereby declare that the information given in this application form is true to the best of my knowledge and I shall be bound by the obligation in future.



1

Signature with seal:

Date:
Place:

Name:
Designation:

For Office use only:

Recommended by:

Visited & verified by:

Approved by: