

**SEMITRONE CONCHEM LTD.**

***REGD. OFF. : NEELMANI CHAMBERS, 2nd FLOOR, B/h. SALES INDIA, ASHRAM ROAD, AHMEDABAD-380009***

# Distributor Application Form

Billing Name:

(Company will always bill on this name only)

Billing Address:

City : \_ Pin : \_\_ State :

**Tel. No :** ( ) (1) (2) (3)\_

**Fax No :** ( ) \_ **E mail :**

Delivery Address

City : Pin : State :

Godown Area Sq. Ft. Nos. of Staff : Sales : Support : \_\_

Partnership Firm

Proprietorship Firm

Pvt. Ltd. Firm

Name of your Bank : Account No :

Branch :

Contact Person Name : \_ Cell No.

 Cell No.

Other brands dealing into :

(1) \_ (2) \_ (3) \_\_

(4) \_ (5) \_ \_ (6) \_\_

Government Statutory Requirements :

VAT No: w. e. f.

CST No: w. e. f.

Remarks :

Signature with Stamp Sales Executive / RBM

Date: