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Distributor Appointment Form

- a. Name of the Firm:
- b. Firm Address:
i. :
ii. : City:State:Zip Code:
iii. : Phone with STD Code: Mob No:
iv. : Email Id.....Mob No:
v. : Contact Person: Mob No:
- c. Name of Partners / Proprietor
a)..... b).....
- d. Area Allotted selected to Db:
- e. Current Nature of Business / Turnover Approx..... Distributor.....
- f. GST No. :
- g. PAN Card /Aadhar (In Case of No GST or Applied GST)
- h. Name of Bankers:Account NameIFSC:
- i. Preferred Transport / Available Transport:
- j. Available go-down space: Delivery vehicle:
- k. Available Office / Delivery/ Sales Staff: As Per Company Requirement.....
- l. Other FMCG Work:

Distributor (Sig. & Seal with stamp)

(Authorized Signatory)

Booked by Sale Personal Details below

Name: Mr.
Designation:
HQ:
DOJ:
Mobile: +91
W'App:
Mail id:
Seal & Signature: