

FIELDMASTER INNOVATION LIMITED

Plot no 128,Road No 5,Kathwada GIDC,Ahmedabad-382430 Mo:9227225577

Recent Photo
of the Owner

DEALER APPLICATION FORM

A]		Dealer Information	
1	Name of the firm :		
2	Office Address :		
3	Office Tel. no. :		
4	Office Fax. no. :		
5	Email Address:		
6	Godown Tel. no. :		
7	G.S.T. No. : ((Please enclose photocopy of certificates)		
8	PAN No. : (Pl. attach a copy)		
9	AADHAAR No (Pl. attach a copy)		
10	Constitution of firm (Please tick appropriate box and attach the certificate) (Please enclose copy of : I Copy of M/A in case of Co's., I Original stamped Partnership Deed in case of Partnership Firm, I I/T Return in case of Proprietorship)	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> HUF <input type="checkbox"/> Private ltd. <input type="checkbox"/> Public Ltd.	
11	Name of contact person :		
12	Residential Address :		
13	Residential Tel. No. :		
B]		Business Information	
1.	Business Activities :	<input type="checkbox"/> Trading <input type="checkbox"/> Dealership <input type="checkbox"/> Distributorship <input type="checkbox"/> Wholesaler	
2.	Product Handled		
i..			
ii.			
iii.			
iv.			

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v.	
C]	Facilities Available for Business
1.Office space: _____ Sq.ft	2.Retail outlet : _____ Sq.ft
3.Warehouse: _____ Sq.ft	4.Sales person : _____ nos.
5.Own Delivery vehicle : _____ nos.	6. Service Engg: _____ nos.
D]	Financial Information
1.	Annual business turnover for Last 3 years (Rs.in Lakhs) Pl. attach the bank statement First year Second year Third Year
2.	Name & Address of banker (s) 1. 2.
3.	Bank overdraft limit with bankers name
4.	Own investments in the business :
E]	Business Projections for Products
1.	Expected sales volume : (Average per month in Nos.) first six months Second six months Second Year
2.	Investment plan in Products (Rs. in Lakhs)
3.	Request for appointment as 1. Distributor 2. Dealer
4.	Security deposit amount (Rs. in Lakhs) OR
	Bank guarantee(Rs. in Lakhs) OR
	Signed Cheque (PI note, check bounce is a legal offence)
5.	100% Advance Payment terms <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted

Business History :

Specify dealership and other business. In case some more dealership are in the name of your sister concerns or associations, please give details

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S. No.	Dealer/Distributorship	Manufacturer/Supplier Name	Since Date...	Products	Annual Gross Turnover

Details for sister concern:

Name :

Relationship with applicant :

S. No.	Dealer/Distributorship	Manufacturer/Supplier Name	Since Date...	Products	Annual Gross Turnover

Details of past business :

Period :

S. No.	Dealer/Distributorship	Manufacturer/Supplier Name	Since Date...	Products	Annual Gross Turnover

Territory in which you propose to operate:

Towns	
Districts	
States	

References:

Note: Reference given should be business associate minimum for 3 years and should not be a relative

Sr. No.	Name of the person	Address & Tel. No.	Occupation
1			

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2			
3			
4			
5			
Declaration			
I/We certify that the information given in the application form is correct and complete. Further, this is to authorize Field Master to verify our Bank / Trade credentials. Applicant's signature attests financial responsibility to pay Field Master invoices in accordance with agreed upon terms			
Name and Signature of Authorized Signatory with Office Seal (In case of Partnership, all the Partners' should sign)			
Name:			
Designation:			
Signature:			
Office Seal:			
Minimum two Witness Signature: Name & Address			
Name of first Witness			
Signature			
Address			
Contact No			
Name of Second Witness			
Signature			
Address			
Contact No			

List of Enclosures(in Photocopy) :

- Copy of Firm's Partnership Deed
- Banker's Letter of Reference
- Last 2 years Balance Sheet

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- Pages 1 to 4 of Dealer/ Distributor Registration Form(DRF)
- Copy of Shop License
- Passport Size Photo of Owner/s
- PAN Card
- AADHAAR Card
- GST Certificate

