

APPLICATION FOR DISTRIBUTORSHIP

To,

The Board of Directors.
Bithika Innovates Pvt Ltd
Kolkata-743144

Date:.....

Sir/Madam,

I/We,.....(Name of representative/s) of(Name of Company) express our interest to join and avail the **Distributorship offer** called upon by your esteemed company through various media. I/We have read understood the terms and conditions of the offer and agree to abide by them. The application is being submitted to your office duly filled and true to the best of my/our knowledge, for your consideration and further necessary action please.

Thanking You.

-Yours faithfully

(Signature of Applicant with office seal)



Bithika Innovates Pvt Ltd
Innovate to Optimise...

An ISO 9001:2015 Certified Company

DISTRIBUTORSHIP APPLICATION FORM

(Please fill the form in Capital letters only)

We are pleased that your Company is interested in becoming our **exclusive/general** Distributor. We are striving to become the leader and the best in our area of specialization. At Bithika Innovates Pvt Ltd, we don't just sell our products; we work closely with our Partners (Distributors and Customers) to ensure that they are satisfied with our services.

1. Company Name.....
Address:.....
Certificate of Inc. No:..... Date.....
Tel:..... Email:.....
2. Name of Managing Director (s)/Proprietor/Partners:.....
.....
Tel:.....
Date of Birth:..... Email:.....
3. Contact Person 1.....
Designation:..... Tel:.....
4. Contact Person 2.....
Designation:..... Tel:.....
5. Have you checked the product sample of our company: YES/NO
(i) Are you satisfied with the quality: YES/NO
(ii) Any suggestions regarding quality/packaging/others.....
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6. How many Wholesalers/Retailers network do you have?.....
 - i. No. of Sales Support staff.....
 - ii. Proposed area of coverage.....
 - iii. Proposed amount of Investment.....
 - iv. Warehouse Facilities (in sq. mtrs).....
 - iv. Location of warehouse.....
 - v. How close is your Warehouse to the main market?.....
 - vi. Re-Distribution Facility (Vehicles if Any).....
7. Presently/previously dealt in any Competitors product (s)? YES/NO

If yes, provide the following details:

- i. How long have you been with the competitor?.....
- ii. Competitor's Name:.....

8. Bank Details: (At least one is required)

Name of Bank 1..... (Please attach canceled cheque)

Address.....

Account No:.....

IFSC Code:.....

Name of Bank 2..... (Please attach canceled cheque)

Address.....

Account No:.....

IFSC Code:.....

Can we contact your Bankers? YES/NO

9. Mode of Payment: Bank transfer.....Draft.....Others.....

10. GSTIN Number..... (Please attach photocopy of certificate)

Terms and Conditions:

1. You should not sell our products outside the area assigned to you.
2. You should update the Company on activities of other Competitors & market situation from time to time.
3. A security deposit will have to be deposited by the applicant, post qualifying for distributorship. File processing charges (non-refundable) - Rs 2500 (Two thousand five hundred only) to be deposited to the company account before official formalities are initiated.
4. Costs of Pre-approval inspection to be borne by the applicant
5. You must provide a photocopy of your establishment certificate (CoI/GSTIN certificate/ Partnership deed and Trade license from respective municipality/gram panchyat).
6. You must provide us with a canceled cheque of your bank.
7. You must attach passport-size photograph of the Company's Directors/Proprietor and/or Partners and the Company representative.
8. You must provide photocopies of any of your Identity and address proof.
9. If your application is successful, your performance will determine your status as our Distributor.

10. You must place order within 2 weeks of appointment as a Distributor.

11. All disputes subject to Kolkata jurisdiction only.

Declaration

I/We declare that all the particulars and information given in the Application form are true, correct, complete and up to date in all respects and I/We have not withheld any information. If, found false at any point of time, our Distributorship agreement will be liable to be canceled, with appropriate penal deductions from our deposit.

Signature & Stamp.....

Name..... Designation.....

Date..... Place.....

OFFICE USE

a. Overall impression of the Applicant: Very Good/Good/Average/Below Average.

b. General Market impression: Very Good/Good/Good/Average/Below Average.

c. Other remarks/Observations:.....
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d. Recommended: YES/NO

e. Territory Assigned

f. Assigned Registration No:

g. Authorized By.....Sign.....Date.....

h. Commencement Date:.....

i. Approved By.....Sign.....Date.....