

**SEMITRONE CONCHEM LTD.**

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

# Distributor Application Form

BillingName:

(Companywillalways billonthisnameonly)

BillingAddress:

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

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

**FaxNo:**( ) \_ **Email:**

DeliveryAddress

City: Pin: State:

Godown AreaSq.Ft. Nos.ofStaff: Sales: Support: \_\_

PartnershipFirm

Proprietorship Firm

Pvt.Ltd.Firm

NameofyourBank: AccountNo:

Branch:

ContactPersonName: \_ CellNo.

 CellNo.

Otherbrandsdealinginto:

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

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

GovernmentStatutoryRequirements :

VATNo: w. e.f.

CST No: w.e.f.

Remarks:

SignaturewithStamp SalesExecutive/RBM

Date: