

DEALERSHIP REQUEST FORM

To,

Date: / /

BILTZ CUTTING TOOLS COMPANY

J-351, MIDC, Bhosari, Pune 411 026

(INDIA).

Cell : 09823022042, 08888861088

Tel : +91 2066307846

Email: admin@biltzindia.com

Visit us: www.biltzindia.com

We wish to apply for Dealership / Agency / Liaison/Representative/_____
for BILTZ Products, enclosing details as under.

Company Name :																									
Address:																									
Phone															Fax										
Email																									
Cell:																									
Type :	<input type="checkbox"/> Proprietary					<input type="checkbox"/> Partnership					<input type="checkbox"/> Others :														
Established in year :																									
Go-down address (If any) :																									
Branches (IF any) :																									
Sales Representative :															Technical :										
															Non-Technical:										
															Total :										
Sister Concern :																									
Your Manufacturing Activities:															<input type="checkbox"/> Engineering Products					<input type="checkbox"/> Non Engineering Items					
Agency Presently handled :																									
Sr. No.	Name of Principal	Item	Status																						
			Distributorship	Dealership	Agency	Stockiest	Liaison																		
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you already dealing in Cutting Tools?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Are you dealing in Solid Carbide Tools?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
If Yes, since how long?		Years					
Do you intend to stock?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
How much worth you can invest?		Rs.					
Your Sales Tax No.:							
PAN No :							
Service Tax No.:							
E.C. Code :							
Region and area you have requested for representing BILTZ Products:							
1)							
2)							
3)							
4)							
5)							
List of Potential Customers in your area:							
1)							
2)							
3)							
4)							
5)							
List of Customers you are already dealing with :							
1)							
2)							
3)							
4)							
5)							
Do you sale only from Showroom / Shop?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Do you provide after sales services?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Do you visit customers for Sales promotion?		<input type="checkbox"/> Yes			<input type="checkbox"/> No		

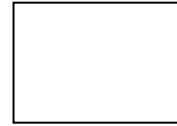
Do you have Delivery Arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Any other information you wish to add about you company.

Signature

Name :

Date :



Seal of Company