

SUPPLIER / VENDOR / APPLICATION 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 as Supplier/Vendor _____
for products _____
to BILTZ, enclosing details as under.**

Name of the company :				
Address :				
Line 1				
Line 2				
Line 3				
City :	State :	Pin :	Country :	
Status :	Proprietor	Partnership	Company	
Year of Establishment :				
Contact Persons :	1)		2)	
Designation:				
Mob :				
Email :				
Products Offered :				
1.		8.		
2.		9.		
3.		10.		
4.		11.		
5.		12.		
6.		13.		
7.		14.		
Manufacturing Capability & Facility :				

(Attach List of machinery & Equipment's)	
Name of the important Customers : (Attach List)	
Annual Turnover in Lakhs :	
Tax Details :	
VAT No.	
CST No.	
EXCISE Registration No :	
EC Code :	
Service Tax No :	
PAN No. :	
Bank Details :	
Name of Beneficiary :	
Address of Beneficiary :	
Name of Bank :	
Address of the Bank :	
Bank Account No. :	
Bank MICR Code :	
IFSC Code of Branch :	
Type of Account :	
Signature Name : Date :	 Seal of Company