



## The Motwane Manufacturing Company Pvt. Ltd.

Regd. Office & Factory: "Gyan Baug", Motwane Road, Nashik Road, Nashik – 422101.

Tel.: (0235) 2463752 / 2463753, Fax: (0253) 2463197, Email: sales@motwane.com, Website: www.motwane.com

### DEALER APPLICATION FORM FOR MOTWANE RANGE OF PRODUCTS

**Please Attach:**

1. Proprietors / Directors / CEOs / Authorized Person's - Resume / Bio-Data
2. Copy of CST/VAT Registration Certificate.
3. A formal letter on your letterhead requesting for dealership.
4. Separate sheets wherever required

Paste your  
(Authorized  
Person's) recent  
photograph and  
sign across.

#### A. Details

Name of Company/Firm.	
Name of Chief Executive/Director/Proprietor	
Postal address of the firm	
City / Town	
Pin Code	
State	
Nearest landmark	
Telephone No. with STD Code	
Fax No. with STD Code	
Mobile No.	
Residence address	
Residence telephone no.	
Fax	
E-mail	
Your date of birth	
Authorized signatory	

Proprietary / Partnership / Pvt. Ltd.	
List of companies represented <i>(Attach separate sheet if required)</i>	
List of sub dealer network <i>(Attach separate sheet if required)</i>	
List of products actively sold <i>(Attach separate sheet if required)</i>	
List of major customers <i>(Attach separate sheet if required)</i>	
Turnover of last 2 years	
Office area (in Sq. Ft.)	
Man power at present	
After sales service facilities	
Present advertisement budget	
Exhibitions participated	

## **B. Business development**

Geographical area of interest	
Customer categories of interest	
Manpower for MMCPL products proposed	
Estimated total business potential	
Estimated business potential for MMCPL products	
Willingness to stock	
Willingness to buy demo equipments	

**C. Commercial**

Banker's name and address	
Bank guarantee limits	
Bank account details	
Local sale tax / VAT registration no.	
CST registration no.	
Excise registration no. ( <i>if applicable</i> )	
Rate of local sale tax / VAT	
Octroi / Cess rate if applicable	
Road permit required?	

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**Signature**

**Name:**

**Date:**

**Rubber Stamp / Seal of Firm**

**D. For office use only**

Name of Executive who made the contact	
Interviewed by ( name & signature )	
Approved by ( name & signature )	
Rating	
Type ( <i>Exclusive/Non Exclusive</i> )	
Date of appointment	
Strengths identified	
Weaknesses	
Demo equipments to be sold	
Support required	
Any other observations / comments	
Category (A,B,C) based on business	
Reason for rejecting the application	