

DEALER REGISTRATION FORM

Date

Name of the Organization / Company

Address

	Phone 1	-
	Phone 2	-
	Mobile	
	Fax	-
Pin Code		Weekly off day
	Email	

Structure of Organization

Proprietary <input style="width: 40px;" type="checkbox"/>	Partnership <input style="width: 40px;" type="checkbox"/>	Public Ltd. <input style="width: 40px;" type="checkbox"/>	Pvt. Ltd. <input style="width: 40px;" type="checkbox"/>
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Registered Office/Branch Office/Associate Company's/Delivery Location

	Phone 1	-
	Phone 2	-
	Mobile	
	Fax	-
Pin Code		Weekly off day
	Email	

Key Personnel

S. No.	Name and Residence Address	Designation	Residence Tele. No.	Mobile No.

Type of Organization

Manufacturer <input style="width: 40px;" type="checkbox"/>	Wholesaler <input style="width: 40px;" type="checkbox"/>	Retailer <input style="width: 40px;" type="checkbox"/>	Other <input style="width: 40px;" type="checkbox"/>
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Nature of Business

Computer Hardware <input style="width: 40px;" type="checkbox"/>	Bio-Medical <input style="width: 40px;" type="checkbox"/>	Software <input style="width: 40px;" type="checkbox"/>	Maintenance <input style="width: 40px;" type="checkbox"/>
Communications <input style="width: 40px;" type="checkbox"/>	Peripherals/Consumables <input style="width: 40px;" type="checkbox"/>	Instrumentation <input style="width: 40px;" type="checkbox"/>	Other <input style="width: 40px;" type="checkbox"/>

Company's/Brand's Being Currently Dealt

Territory of Sale

Year of Commencing Business	Previous Year Turnover	Current Year Turnover	Technical Staff	Marketing Staff

Banker's Name & Address	Local Sales Tax No. & Date
	Central Sales Tax No. & Date
	TIN No.
	Preferred Transporter (Bank Approved)

ELENT Products Which Are of Interest

CVT <input style="width: 40px;" type="checkbox"/>	UPS Off-Line <input style="width: 40px;" type="checkbox"/>	UPS On-Line <input style="width: 40px;" type="checkbox"/>	Servo Stabilizer <input style="width: 40px;" type="checkbox"/>
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Projected Sale of ELENT Products in the Next 12 Months	
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Name & Signature of Elent Officer

I Declare that the information furnished above is correct to the best of my knowledge. I undertake to inform you at the earliest any change in details mentioned above.

Authorized Signatory, Designation & Company's Stamp