



ARP Auto Parts Private Limited Dealer Registration Form

General Information

Company Name :					
Ownership Status <i>(Please Tick one)</i> :	Proprietor	Partnership	Company	Others	
Ownership Details :					
Name	Date of Birth	Age	Email	Phone Number	
Address:					
Owned / Rented :					

Financial Information

Bankers Details :					
Name of the Bank :					
Address :					
Contact Number :					
Bank Account Number :					
Bank CC Limit (if Any) :					
PAN Number :					
GST Number :					
Shipping Location :					

Infrastructure Information

Showroom / Office Size (Sq. Feet) :					
Godown (Sq. Feet) :					
Sales Team (Total Head Count) :					
Support Staff (Total Head Count) :					
Mode of Delivery to Customer :	2 WLR	3 WLR	4 WLR	Train	Transport
	YES	YES	YES	YES	YES
Invoicing done on Computer ? <i>(Please Tick one)</i>	Yes	No			
Internet Availability ? <i>(Please Tick one)</i>	Yes	No			

Annual Business Turnover (Last 3 Years)

F.Y.	Sales Turnover

Product Categories Dealing in :

Company Name	Products	Sales Turnover (Last 3 Years)			Years of Association

B

Major City / Districts	Number of Counters		
Dealing in Chain Kit Companies ? <i>(Please Tick one)</i>	Yes	No	

If Yes :

Company Name	Wholesaler / Retailer	Last Year Sales	Number of Counters	Years of Association