

DEALER / DISTRIBUTOR APPLICATION FORM

CITY APPLIED FOR : _____
 TYPE OF APPLICATION : **DEALER / DISTRIBUTOR** *(strike out whatever not applicable)*

APPLICANT DETAILS:

Name:			
Address:		Tel Code:	
		Tel No:	
		Fax No:	
		Mobile:	
		Email:	
		Website:	

STATUS OF THE APPLICANT:	FOR OFFICE USE ONLY
Individual / Partnership / Pvt Ltd Company	Complete / Incomplete Enclosures:

PLEASE GIVE DETAILS OF YOUR PRESENT BUSINESS BELOW

Name of Company	Nature of Business	Turnover (Approx)	Annual Income (Approx)
<p style="text-align: center;">Full Address of Business premises</p> <p>Are you a dealer for any product? If yes please specify the product and territory.</p> <p>Do you distribute any products? If yes please specify which product and the territory.</p> <p>What is the minimum sales assurance you can give on a monthly / quarterly basis?</p>			

DECLARATION

I/We the applicant company have not been convicted in any court for any criminal act. I/We fully understand that in case any information provided above is false, "Viper Performance" reserves the right to reject this application or reverse any decision taken on the basis of the information provided in this application.

Signature: _____

Name: _____

Company Stamp:
(Signature of Individuals, Partners or Managing Director as applicable)