



APPLICATION FOR BUSINESS ASSOCIATE

Name & Address of the Firm		Tel No. Off. : _____ Res. : _____ Mobile : _____ Fax No. : _____ Email Address : _____	
Type of Organization Proprietor <input type="checkbox"/> Partnerships <input type="checkbox"/> Private Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/>	Full name/s of Proprietor/Partners/ Director with Residential address and telephone nos. (Attach separate BIO- DATA of each of the partners and directors (or proprietor)	Year of Establishment _____ Payment Income Tax Account No. _____ (Please furnish copy of your I.T. PAN Card)	
S.Tax Registration No. Date	C.S.T. Registration No. Date	Annual Turnover: 2006-2007: Rs. 2005-2006: Rs. 2004-2005: Rs. 2003-2004: Rs. (If possible please furnish copy of your latest Balance Sheet)	
Name & Address of Bankers		Current C.C./O.D. limits	
Type of Industries with which you deal (1) (4) (2) (5) (3) (6)		How long are you dealing in chemicals?	



Any Experience in Water Treatment. <input type="radio"/> Yes <input type="radio"/> No Give Details _____		Products in which you are presently dealing	
No. of staff employed _____ No. of touring representatives _____	Area covered by your touring representative _____	Name & Qualification of the qualified persons in your firm (if any)	
Do you have a Car? <input type="radio"/> Yes <input type="radio"/> No How Many _____	Do you have a Godown? <input type="radio"/> Yes <input type="radio"/> No Size (Sq.Ft.) _____ Is the godown registered with Central Excise? <input type="radio"/> Yes <input type="radio"/> No	Address of Godown	
Are you at present representing any other Manufacturers/Distributors? <input type="radio"/> Yes <input type="radio"/> No Name of Manufacturers/Stockist whom you are representing at present?		Have you in the past represented any other Manufacturers/Distributors? <input type="radio"/> Yes <input type="radio"/> No Name of Manufacturers/Distributors whom have you represented in the past?	
Name & Address of Sister Concerns	Type of Industries which your sister concerns deal? 1. 2. 3.	Do you have Branch Offices: If yes, give full address with telephone Nos.	
Business Forecast			
Product Segment 1) Polyelectrolytes 2) Cooling Water Treatment 3) Boiler Water Treatment 4) R.O. Chemicals (antiscalents) 5) Fuel / Fire Side Additives 6) Water Treatment Spares 7) Any other	2007 - 08	2008 - 09	2009 - 10