

Ess Gee Industries
2455, Sector -16, Faridabad-121002 Haryana - India
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DISTRIBUTOR APPLICATION FORM

Date:

Thank you for your recent application to become a distributor for "MASKER" products. To enable us to proceed please complete the following and sign accepting our trading terms on the reverse. Please return this form along with a sheet of your business letter heading.

Please note that filling in this form does not entitle you to becoming a distributor/ Dealer of "MASKER" products. We will consider your application & advise you within 7 business working days if you have been successful. All distributors / Dealers will be started on a pro-forma basis.

About You :

- Name:
- Firm name (if applicable)
.....
- Firm Trading address:
.....
City.....State.....
- Pin code.....
- Tel No with STD Code: Mobile No
- Fax No:.....
- Email Id.....
- Web Site Address

About Your Business:

- How many years trading: Annual Turnover
- Bank details Account No
- Bank Address and Name

Trade Reference: if any

- Company Name and contact person
.....
- Address.....
City.....State.....
- Pin code.....
- Tel No with STD Code: Mobile No
- Fax No:.....
- Email Id.....

- Where did you hear of "MASKER".
.....

Signature of applicant