Ref. No.:



DEALER APPLICATION

CITY APPLIED FOR:							
APPLICANT DETAILS							
Name:	Tel Code:						
Address:			Tel No.:				
			Fax No.				
			Mobile:				
	Email:						
TIN No.:	CST No.:						
INSTRUCTION FOR COMPLETING THE FORM							
a) The application completed in all respects must be sent in the original with all necessary documents.							
Incomplete application may not be considered b) Please tick wherever applicable							
c) All information provided in the Application Form will be kept strictly confidential.							
d) This application form entitles you only for applying & does not assure you of dealership							
STATUS OF APPLICANT							
Individual	Received application	on form or	n date				
Partnership	Complete		Incomplete				
Pvt. Ltd. Co.	Enclosures:		(Nos.)				
Not to be detached by applicants							
ACKNOWLEDGMENT OF DEALER	SHIP APPLICATION						
TO BE FILLED BY APPLICANT	Office use only						
Ref. No:	Received date:						
City applied:		Received by:					
Name of applicant:							
Address:							
			Authorised Signatory				
		PETE'S AUTOMOTIVE PRODUTS PVT. LIMITED					
Tel No:			(Note: For Further Correspondence) Pls. quote City Applied For And Ref. No. Always)				

1. EDUCATIONAL & PROFE	ESSIONAL QU	JALIFICATION OF A	PPLICANTS		
Name	Age	Qualification	Year	University / Institution	
2. PREFERRED CITY NAME APPLIED FOR: (PLEASE	FOR DEALE SPECIFY TH	RSHIP INCASE NO E INFRASTRUCTUR	T CONSIDERE E DETAILS FO	ED FOR THE CITY OR THE SAME)	
	(Please atta	ch additional sheets,	if necessary)		
3. PLEASE GIVE DETAILS OF	YOUR PRESE	ENT BUSINESS			
Name of Con		Nature of Business			
4. PLEASE GIVE FULL NAM	IE, ADDRESS	& PHONE NOS. / FA	X OF YOUR I	MAIN BANKERS:	
Name :					
Address:					
	Te	l:	Fax	Fax:	
Name :			l l		
Address:					
	Te	l:	Fax	Fax:	

E. Full Address of Chan							
5. Full Address of Shop							
6. DO YOU HAVE OR HAVE YOU HAD IF YES, PLEASE GIVE FOLLOWIN			DDUCT DEALER	RSHIP YES□ No.□			
Products Handled	Years	Name of company	City	Reason for Discontinuation			
	_	eclaration					
I / We the applicant company h			•	•			
I / We fully understand that in case any information provided above is found to be false/incorrect "Pete's Automotive Products Pvt. Limited" Reserves the right to reject this application or Reverse any decision taken on the basis of the information provided in this application form.							
Signature:							
Name :			Company	stamp :			
(Signature of Individuals, Partners or Managing Directors as applicable and stamp)							