



H. R. INDUSTRIES

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**APPLICATION FORM FOR DISTRIBUTORSHIP/ DEALERSHIP/FRANCHISEE**

Application for :  Distributorship  Dealership  Franchisee

**A. GENERAL INFORMATION :**

- 1. Name of the firm : .....
- 2. Nature of the firm :  Proprietary  Partnership  Pvt. Ltd. Co.  Public Ltd. Co.
- 3. Names of Partners/ Directors : 1. .... 2. ....  
3. .... 4. ....
- 4. Address of the firm : .....  
(Rubber stamp Preferable) .....
- 5. Contact person and Designation : .....
- 6. Contact Nos. : Off: ..... Res.: ..... Fax: .....  
Cell/ Pager: ..... E-mial : .....

**B. BUSINESS INFORMATION**

- 1. Year of establishment : .....
- 2. Nature of Business : .....
- 3. Annual Turnover (Approx.) : .....
- 4. Brands Dealt with : 1. .... 2. ....  
3. .... 4. ....
- 5. Showroom space : .....
- 6. Branches / Dealers (if Nay) : 1 .....  
2. ....  
3. ....
- 7. Customer Base : .....
- 8. Godown space : .....
- 9. Banker's Name & Address : .....
- 10. Bank Limits enjoyed : .....

\* Please send us the hard copy of filled up form by surface mail.\*

11. Outstanding litigation, if any : .....
12. Sales Tax Registration Details : .....
13. No. of Employees : Managers ..... Salesmen .....
- Technicians ..... Delivery boys .....

Any achievements / appreciations from the principal companies :

**C. BUSINESS INTEREST :**

1. Product interested in :  Air Curtains  Heat Recovery Ventilator  
 Single Stage Evaporative Cooler  Two Stage Evaporative cooler  
 Hybrid Air Conditioner  Flexi Cool
2. Main Strength  Dealer Channel - no of dealers covered .....  
 Direct Marketing - no of front line sales force .....
3. Can Invest upto  Rs. 50,000 - 1,00,000  Rs. 1,00,000- 2,00,000  
 Rs. 2,00,000 - 5,00,000  Rs. 5,00,000 & above
4. Would like to be a Channel Partner for (area) : .....
5. Any specific locational Advantages (such as Commercial Area/ Dry Climate/ .....
6. Do you like to take the product as :  Independent profit center  as part of my business
7. How many people can you apportion : Salesman ..... Service Technician ..... For this business
8. Can you take the after sales Service for the product :  Yes  No
9. Expected annual turnover from Commander products : .....

I, ..... S/o. .... do hereby declare that the information furnished above is true to the best of my knowledge and belief. I hereby apply for Distributorship/delaership of Commander products.

Date .....

Signature.....

\* Strike whichever is not applicable \*

**FOR OFFICE USE ONLY** - *Comments of the Sales Executive*  
 ( To cover te market reputation , Dealer's potential, Dealer's personal back ground etc.)

Date : \_\_\_\_\_

\_\_\_\_\_  
Sales Executive

*Recommendation of the Manager*

Date : \_\_\_\_\_

\_\_\_\_\_  
Manager Marketing

Approved      Not Approved Reason (if not approved) :

Date : \_\_\_\_\_

\_\_\_\_\_  
Managing Director

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