



SUPER AGRO CHEMICALS

Corporate Office : C-157, Agri House, Navrangpura Near Mithakhali Circle
Ahmedabad (Gujarat)-380009, E-mail : superagrochemicals1@gmail.com
Contact Us : +918318682269

DISTRIBUTOR FORM

Date : _____

State : _____

Market/Mandi : _____

Name of Firm : _____

Correspondence Address Town : _____ Post Office : _____

District : _____ State : _____ Pin : _____

Proprietor/Authorized Partner's name : _____

DOB : _____ Son of : _____

PAN of Proprietor/Authorized Partner : _____

Proprietor/Authorized Partner's Res. Address : Town : _____

Post Office : _____ Police Station : _____

District : _____ State : _____ Pin : _____

2nd Partner's Name : _____ DOB: _____ Son of : _____

Res. Add. : Vill./Town : _____ P.O. : _____ Police Stn. : _____

District : _____ State : _____ Pin : _____

2nd Partner PAN : _____

Tel No. & STD Code (Off.) : _____ Res. Ph. No. _____ Mob. : _____

E-mail ID/Fax : _____

GST No. : _____

Banker's Name : _____

Phone No. : _____

Bank's Stamp : _____

Bank's Signatory : _____

Pesticide License No. : _____

Self Attested
Passport Size
Photograph
of Distributor

LIST OF OTHER DISTRIBUTION

<u>Rank</u>	<u>Company</u>	<u>Date/Yr of Joining</u>	<u>Approx Turnover (Rs. in Lacs)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Total Turnover of Distributor : _____ Lacs (Describe in 3 segments like Pesticides, Fert. & Seeds)

Pesticides : _____ Lac

Fertilizers : _____ Lac

Seeds : _____ Lac

Asset Details (Owned by Prop./Partners)

Prop./Partner	Value (Rs. in Lacs)	Owned by whom
Movable (Like Truck, Car, Bike etc.)		
1.		
2.		
3.		
Immovable Properties (Like Shop, House, Land etc.)		
1.		
2.		
3.		

	Date/Yr of Joining	2019-20 Turnover Rs. Lacs	2020-21 Turnover Rs. Lacs	2021-22 Expected T.O. Rs. Lacs
Super Agro Chemicals				

Security Cheque/D.D. No.

Date :

Bank Name :

Blank Cheque Details :

1st Cheque No.

2nd Cheque No.

3rd Cheque No.

Credit Limit Proposed by the State/Regional Incharge Rs. in words Rs.

Distributor's Signature : _____

Stamp of Firm : _____

Name of Sales Staff : _____

Designation of Staff : _____

Signature of Staff : _____

Name of State Incharge : _____

Signature of State Incharge : _____

Name of Zonal Head : _____

Signature of Zonal Head : _____

(For Office Use Only)

Head Office Assessment :

Approved Credit Limit Rs. _____

State Incharge : _____ Zonal Head : _____

(Name)

Signature : _____ Signature with date : _____

Date :