

AVCON CONTROLS PVT. LTD.

Plot No. : 65, Road No. 13, MIDC Marol, Andheri (E), Mumbai – 400 093
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E-mail : avcon@avconindia.com
Website : www.avconindia.com



DISTRIBUTOR APPLICATION FORM

A . Are you ready to give us undertaking of minimum guaranteed sales? How much business you can bring in the appointed area?

B. Are you ready to sign 'SECRECY' (Non-disclosure) as well as Trade Name License Agreement?

C. Are you ready to give us security deposit Amount?

1. Name of the Organization
2. Constitution – Ownership/Partnership/ Pvt.Ltd. /Public Ltd.
3. Affiliated to any group who are holding major share in your company
4. Year of Establishment
5. Products handled from time of inception of your company.
6. Year –wise turnover for last five years
7. Present staff strength
8. No. of person connected with Sales/marketing
9. No. of Engineers employed and job structure
10. Name of Bankers ,Address and your account number
11. Which product from Avcon range you will handle
12. What turnover you can assure for 1ST , 2ND and 3RD year
13. Which area of the country you are operating or you will handle
14. Any two references of the comapny