



# *Manipura Ayurveda Pvt. Ltd.*

## **DISTRIBUTORSHIP APPLICATION FORM**

We are pleased that your Company is interested in becoming our Distributor. We are striving to become the leader and the best in our area of specialization.

We don't just sell our products; we work closely with our partners {Distributors and Customers} to ensure that they are satisfied with services.

1. Company Name.....  
Address:.....  
Certificate of Inc. No:.....Date.....  
Tel:.....Email:.....
2. Name of Managing Director (s):.....  
Tel:.....  
Next of Kin.....  
Date of Birth:.....Email:.....
3. Contact Person 1.....  
Designation:.....Tel:.....
4. Contact Person 1.....  
Designation:.....Tel:.....
5. How many Wholesalers/Retailers Network do you have?.....
  - i. No of Sales Support staff.....
  - ii. Proposed area of converage.....
  - iii. Proposed amound of Investment.....
  - iv. Warehouse Facilities (in sq. mtrs).....
  - v. Location of Warehouse.....
  - vi. How close is your Warehouse to the main market?.....