



GOWARDHAN KRUSHI AYURVED PVT. LTD.

HEAD OFFICE

First Floor, Kucheriya Complex, New Mondha, Parbhani – 431401.

E-mail: info@gowardhanagroayurved.com **Website:** www.gowardhanagroayurved.com

Contact: 02452-232237, 9665231237.

APPLICATION FORM FOR A DEALER/DISTRIBUTOR/RETAILER/FRANCHISE

Application No.....

Working Area

Name of the working Area:.....

Block Name/Ward:.....

State:.....

Application for: Dealership Distributorship Retailer ship Franchise

A. GENERAL INFORMATION:

1. Name of the firm :

2. Nature of firm :

3. Names of partners/Directors :

4. Address of the firm :

:

5. Contact person & designation :

6. Contact Details : Code no:..... Res:..... Office.....

Mobile:..... Fax:.....

E-mail:.....

B. BUSINESS INFORMATION:

1. Year of Establishment :

2. Nature of business :

3. Annual Turnover :

4. Brands Dealt with :

:

5. Office Space :

6. Branches/Dealers (if any) :

:

:

7. Customer Base :

8. Godown space :

9. Banker's Name & Address :

The information you provide will be held in the strictest confidence and completion of this form in no way constitutes a commitment to Gowardhan Krushi Ayurved Pvt. Ltd. or that a Dealership/Distributorship/Retailership/franchisee applicant will be automatically awarded. We encourage you to share any relevant information and include anything that you find will make your candidacy stand out as a potential franchisee. Thank you again for your interest in Gowardhan Krushi Ayurved Pvt. Ltd.

Specific Data

Assuming your review of Gowardhan Krushi Ayurved Pvt. Ltd. is positive, are you prepared to make a decision about the Dealership/Distributorship/Retailership/franchisee opportunity within 90 days?

Describe any training in sales, marketing, management or retailing experience:

Why do you think a Gowardhan Krushi Ayurved Pvt. Ltd. Dealership/Distributorship/Retailership/franchisee will enable you to reach your personal goals?

Area/Location Preference

1.

2.

3.

Amount of cash available for investment:

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Source of cash for investment:

Do you have access to financing for a rental fleet? If yes, explain below. ____ Yes ____ No

Have you been approved for business financing? If so, what amount have you been approved for?

Would this business be your sole source of income?

What questions do you have about this opportunity?



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Authorization for Investigation

I/werepresent and warrant that all of the statements made by me/us in the above application are true and correct. I/we understand that if I/we make a false statement, such action will terminate my/our application for consideration. I/we understand that by signing this application, I/we agree that this application shall be and remain the property of Gowardhan Krushi Ayurved Pvt. Ltd. whether or not this application is approved. By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

I/we understand that this application does not obligate either party to engage in a business transaction in any manner.

Applicants Signature:	Date:
Partner's/Spouse's Signature:	Date

	Applicant's	Partner or Spouse's
Date of Birth:		
Social Security No:		
Driving License No.:		
Current Address		

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FOR OFFICE USE ONLY

Application No.....

Comments of the sales executive

(To cover the market reputation, Dealership/Distributorship/Retailership/franchisee potential background etc.)

Date.....

Recommendation of the Manager

Date.....

Approved Not Approved (Reason if not approved):.....

Date.....

.....
Marketing Manager

GOWARDHAN KRUSHI AYURVED PVT. LTD., PARBHANI.

Confirmation by the office

This is to informed that, the Dealership/Distributorship/Retailership/franchisee has been granted tofor the District/Taluka mentioned above and is permitted for the deal of Years with **Gowardhan Krushi Ayurved Pvt. Ltd., Parbhani.**

Date.....

Authorized Signatory

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