



DISTRIBUTOR APPOINTMENT MODULE

1- NAME OF THE COMPANY / FIRM / PROPRIETOR:

M/S

TIN NO:- _____ CST NO:- _____

PIN NO:- _____ MOBILE:- _____

2- ADDRESS OF YOUR COMPANY / FIRM:

CITY: _____ DIST.: _____

STATE: _____ PIN: _____

MOBILE NO: _____ EMAIL: _____

3- DELIVERY ADDRESS OF YOUR COMPANY / FIRM:

CITY: _____ DIST. _____

STATE: _____ PIN: _____

MOBILE NO: _____ EMAIL: _____

4- NAME OF PARTNERS / DIRECTORS :

5- PERSON IN-CHARGE NAME:

DESIGNATION: _____ MOBILE: _____

DOB: _____ EMAIL: _____

6- EXISTING BUSINESS :

TYPE OF BUSINESS: _____

ANNUAL TURNOVER: _____

7- EXISTING BUSINESS FACILITIES AVAILABLE :

STORAGE: - _____ SPACE:- _____

DELIVERY VEHICLES: _____ DISPLAY AREA:- _____

No. OF WORKING STAFF:- _____

8- TERRITORY FOR WHICH DISTRIBUTORSHIP IS REQUIRED:

9 – NAME & ADDRESS OF YOUR BANKERS:

ACCOUNT NAME - _____

ACCOUNT No:- _____

IFSC CODE: - _____

BANK ADDRESS: - _____

We certify and confirm that the above given information is correct.

Date _____

Signature _____ **Stamp** _____

DISTRIBUTOR APPOINTMENT CHECK LIST

- 1- I confirm that benefits of selling through all dealers have been explained to me, I am enrolled to sell through all available dealers of my territory by providing them limited credit facility.

Sign_____

- 2- I confirm that benefits of sending dealers invoices on weekly basis are explained to me and I confirm that I shall send dealers invoices regularly on weekly basis.

Sign_____

- 3- I confirm that 'system Approach' of HP LED LIGHTING has been explained to me and I fully understand and satisfied.

Sign_____

- 4- I confirm that 'No Conflict of interest' policy has been explain to me and I declare that as a ' HP LED LIGHTING' distributor, I will not promote any other brand in retail or wholesale even in separate firm name or premises.

Sign_____

- 5- I confirm that I have been explained 'customer service guidelines' of HP LED LIGHTING and understand that after sales service is an integral part of distribution activity for achieving excellent customer satisfaction.

Sign_____

Appointed by_____

Signature_____

Date_____

For office use only

Approved by_____

Designation_____

Signature_____

Date_____

Distributor Code_____

WARRANTY

1. Product Warranty. As per Specified by the Company.

2. Misuse of Equipment. Any tampering, misuse or negligence in handling or use of product renders the warranty void. Further, the warranty is void if, at any time, Distributor attempts to make any internal changes to any of the components of the Product; if at any time the power supplied to any part of the Product exceeds the rated tolerance; if any external device attached by Distributor creates conditions exceeding the tolerance of the Equipment; or if any time the serial number plate is removed or defaced. OPERATION OF THE EQUIPMENT THAT RENDERS THIS WARRANTY VOID WILL BE DEFINED TO INCLUDE ALL OF THE POSSIBILITIES DESCRIBED IN THIS PARAGRAPH, TOGETHER WITH ANY PRACTICE WHICH RESULTS IN CONDITIONS EXCEEDING THE DESIGN TOLERANCE OF THE EQUIPMENT.

Sign_____

PAYMENT TERMS & DELIVERY TERMS

- 1- 100% advance with 2% Cash Discount for First Billing.
- 2- 7-10 days Post Dated Cheque (NO CASH DISCOUNT) with Purchase Order in Written.
- 3- All Freight / Transportation Charges are extra as per applicable.

Sign_____

Please take the print of the application form fill it completely Sign / stamp it send it to the following address along with all the necessary documents mentioned below.

DOCUMENTS REQUIRED

- 1- COMPANY PAN CARD
- 2- COMPANY VAT REGISTRATION CERTIFICATE
- 3- PROPRIETORSHIP/PARTNERSHIP COPY
- 4- PASSPORT SIZE PHOTO (1)
- 5- ADDRESS PROOF – Electricity bill / Telephone Bill etc.
- 6- Letter of Interest on firm letter head.

Please send all the documents on the following address with Sign and Stamp

Reg. Office Address:

HP LED LIGHTING (formerly Sanjay Electronics)
ANSARI MAREKT, NO-5,
GURUDWARA ROAD,
JWALAPUR (HARIDWAR)
UTTARAKAHND- 249407
PH - 9319842416

DECLARATION

1. We _____ (Name of Partner/ Proprietor or shareholder) do hereby declare that the entries made in this application form are true to the best of our knowledge and that we shall be bound by the acts of duly constituted attorney.

2. Mr./Mrs. _____ Whose signatures are given below is an authorized representative of this firm.

3. **HP LED LIGHTING** appoint M/S _____ as the Distributor of Entire range of LED LIGHTING products and its spare for defined territory.

(Specimen signatures of firm's authorized representative)

Place:

SIGNATURE OF AUTHORISED SIGNATORY

Date:

(with stamp)