



**APPLICATION FOR BUSINESS ASSOCIATE FOR  
DISTRIBUTION**

Name & Address of the Organization		Tel No. Off.: _____ Mobile: _____ Fax No. : _____ Email Address: _____ Website: _____	
Type of Organization Partnership <input type="checkbox"/> Limited Co. <input type="checkbox"/> Public Co. <input type="checkbox"/>	Full name/s of Partners/ Director with telephone nos. (Attach separate BIO-DATA of each of the partners and directors)	Year of Establishment _____	Tax ID _____ (Please furnish copy of your Tax ID)
Whether certified to an international Standard - Yes / No If Yes which one: _____			
Tax Registration No. _____ Date _____	Annual Turnover: 2018-2019 : THB 2017-2018 : THB 2016-2017 : THB		
Name & Address of Bankers	Can we approach your bankers for a reference Yes/No.	Current C.C./O.D. limits	
Type of Industries with which you deal (1) (4) (2) (5) (3) (6)	How long are you dealing in chemicals?		
Any Experience in Water Treatment. Yes/No. Give Details	Products in which you are presently dealing		
No. of staff employed _____ No. of touring representatives _____	Area covered by your touring representative	Name & Qualification of the qualified persons in your firm (if any)	
Do you have a Warehouse? Yes/No Size (Sq.Ft.) _____ Is the godown registered with Tax Authorities? Yes/No	Address of Warehouse		

Are you at present representing any other Manufacturers/ Distributors? Yes/No.		Have you in the past represented any other Manufacturers/ Distributors? Yes/No.	
Name of Manufacturers/Distributor whom you are representing at present?		Name of Manufacturers/Distributors whom have you represented in the past?	
Name & Address of Sister Concerns	Type of Industries which your sister concerns deal? 1. 2. 3.	Do you have Branch Offices: If yes, give full address. 1. 2. 3.	