DARAK FOODS
Regd. Office - 14 Pranav Plaza, Aurangpura, Chh. Sambhajinagar,
Maharashtra, 431001, India.
Unit - Gut No. 78, Village Farola, Paithan Road, Chh. Sambhajinagar,
Maharashtra, 431148, India. Contact - 8482859999
Email - info@rainbowspices.com | darakfoods@gmail.com

RAINBOW MASALA
Tradition of Good Taste & Quality

APPLICATION FORM FOR DEALERSHIP OF RAINBOW MASALA

Name of the Firm/ Company :_____

Name(s) of Proprietor/ Partner/ director (Responsible Person first) :_____

_____

Address in full :_____

_____

_____City:_____

Pincode:_____State:_____

Working Hours From:_____ To:_____

Weekly Off :_____

Contact Details Office:_____Mobile:_____

Fax:_____Additional:_____

Business Format : Stockist / Distributor / Wholesale / Retail / Other:_____

Year of Commencement of Business :_____

Current products & Brands :_____

Experience in dealing with Spices (If yes, Which Brand & Since when) :_____

Area(s) of interest for Representation :_____

Area of storage facility Total Area :_____

For Rainbow Products:_____

Employees allocated for Sales:_____Delivery:_____

Frequency of Sales Visit to Stores/ Supermarket/ Hotels, etc. : Daily / Weekly / Fortnightly / Monthly / other _____

P.T.O.

Method of Delivery : _____
(Vehicle Details)

Fssai License Details : License No.: _____

Valid till: _____

GST Registration number : _____

Bank Details : _____

_____

_____

Additional Information : _____
(Comments)

_____

_____

Signature with Official Seal : _____
& Date

Kindly fill this form in full & send to aforementioned office address at your earliest convenience. Filling this form is not a guarantee of the services applied for. All data collected is exclusively for Office use in processing the application. In case of any queries or doubts please feel free to contact our office.

FOR OFFICE USE ONLY

Discount : 1) _____

2) _____ Approved by : _____

3) _____

4) _____ Sign & Date: _____