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Application for New Distributors Account – Valgro India

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**VALGRO INDIA LIMITED**

(Abrasive system Division - Ahmedabad)

Distributor Location:

Other :

Application requested by:                      Regional Sales Manager              Salesperson              Export Department

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Company Name:

Invoice Address:

City                                      State/Province:                                      Country                                      Zip Code

Telephone:                                      Fax :  
*(Include Country/City Code, if applicable)*

Email                                      Web :

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Shipping Address *(If different than above):*

City                                      State/Province:  
Country                                      Zip/Postal Code  
Telephone:                                      Fax Number  
*(Include Country/City Code, if applicable)*

EMAIL Address:

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VAT TIN Number *(Indian Distributor's Only):*

Central Sales tax Number *(Indian Distributor's Only):*

PAN Tax Identification Number *(Indian Distributor's Only):*

VAT Number *(Overseas / Indian Distributor's Only):*

Year Established:

Company Ownership:

Corporation              Partnership              Proprietorship              Pvt Ltd.              Limited

**Total Number of Employees:** Outside Sales People:                      Admin. People:

Type of Distributorship:      Industrial                      Welding                      Other

Geographical Market Coverage (or City):

**Primary Markets Served:**

Valgro Abrasives Line:      Primary                      Secondary                      Tertiary

Primary Brands Carried:                      Secondary/Other Brands Carried:

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**Mailing/Contact Information**

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**Please provide the name and title of the individual/s who should receive the following types of correspondence:**

Annual Product Catalog and Price Book                      Price change announcements:  
Marketing/advertising literature                      Announcements concerning your Valgro Salesperson:  
Invoicing/accounting information                      Annual questionnaires confirming your company information:

**What address should the above types of correspondence be sent to?**

Billing:                                      Shipping:

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Valgro India Limited (Sales Division)

“Valgro House, Shailly Square,  
Virat Nagar Croass Road, NH. No. 8,  
Ahmedabad-382415, Gujarat, India

Tele : +91 79 2297 2603, 04, 05

Fax : +91 79 2297 2606  
valgro@valgroabrasives.com  
www.valgroabrasives.com

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**Existing Customer:** Please attach separate sheet along with PO copy

1	6
2	7
3	8
4	9
5	10

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**Potentials Customer:** Please attach separate sheet If more then 10 parties.

1	6
2	7
3	8
4	9
5	10

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**Annual Turnover:** Please attach balance sheet last 3 years

Last Three Years			
Sales			
Purchase			

**Potential Volume** In valgro abrasive products.

**Investment** Planning in Valgro products

**Aim :**

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**Any other detail you would like to highlight?**

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**Bank Reference**

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Bank Name and  
Address:

Acct. No

**Phone :**

**Fax**

**Mail :**

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I authorize Valgro India to obtain credit information from the above referenced bank and businesses.

Distributor's Authorized Signature & Seal:

Date:

**Authorized Signatures**

Valgro India Salesperson

Regional Sales Manager

Sales Administration/Domestic or Export

Credit control Manager

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