



Dealership Enquiry Form

Name : _____

Address : _____

Landmark : _____

Phone : _____

Mobile : _____

Email : _____

Name of company : _____

Area / City wanted : _____

Present Activity : _____

Distributing Exp : _____ y/n
if yes

Products/companies/period (from - to) : _____

1 : _____

2 : _____

3 : _____

4 : _____

5 : _____

6 : _____

7 : _____

8 : _____

9 : _____

10 : _____

Present Infrastructure : _____

Sales People : _____

Delivery Vehicles (no and type) : _____

Size of godown : _____

Freezers: No and size : _____

Investment Capacity : _____

<250000, 50000, 100000, 250000, above

Please send the duly completed form at info@springvalley.net.in