

# SCHONHEIT PVT LTD



Corporate Office: 301A, Kaveri Building,  
Behind Holiday Inn Hotel,  
Sakinaka, Mumbai, 400072, Maharashtra.

Contact : +91-9608667507

E-mail : [sales@schonheit.in](mailto:sales@schonheit.in)

Website : [www.schonheit.in](http://www.schonheit.in)

## Distributor Appointment Form

To be filled by the parties Interested in associating as Distributor (To  
Be Filled in Capital Letters)

1) Name of the Company/Firm/Proprietor:.....

.....

Local Sales Tax No. / TIN No. / (CST No.)&Date: .....

PAN No. : .....

GST No. : .....

2) Registered address of your Company/Firm/Proprietor:.....

.....

.....

.....

District:.....

.....

State: .....Pin Code No. :.....

Phone No. (With STD Code): ..... Mob.....

Fax No.(With STD Code):.....Email id.....

3) Delivery address of your Company/Firm/Proprietor:.....

.....

.....

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District:.....

State:..... Pin Code No.:.....

Phone No. (With STD Code):..... Mob.....

Fax No. (With STD Code):..... Email ID.....

4) Name of Partners/ Directors: .....

.....

5) Person In-charge

Name:.....

.....

Address:.....

.....

.....District: .....

State:..... Pin Code No. :.....

Resi Phone No. (With STD Code):..... Mob. ....

Fax No.(With STD Code):.....Email ID:.....

6) Existing Business:

a) Type of Business: .....

b) Annual Turnover: .....

c) Paid up Capital: .....

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## 7) Existing Business Facilities:

a) Storage Area:

Address:.....  
.....  
.....

b) Delivery Vehicle's no., type & make: .....

.....

c) Total no. of working staff.....

d) No. of Sales Staff.....

## 8) Distribution Experience:

a) Consumer Durables/Appliances (Yes/No,

Name):.....

b) Other Industry (Yes/No)

Name):.....

.....

c) No. of Retailers you are catering to.....

.....

.....

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d) Customer Service (Yes/No)

Name):.....

.....

9) Territory for which distribution is applied:.....

.....  
.....  
.....

10) If no experience or infrastructure is available, Then how do you propose the same

.....  
.....  
.....

11) Name of associates /sister concerns in similar business ,If any, their turnover and name of the companies for which distribution is held

.....  
.....  
.....

12) Bank Details:

a) Name & Address of your Bankers: .....

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b) Current A/C No.....

c) RTGS/IFSC Code:.....

d) CC/ hypothecation available:.....

e) LC/Bank Guarantee:.....

13) How much investment you have planned to make:.....

.....  
.....

14) Are you ready to give credit to Retailers:

.....  
.....  
.....

**15) References (Two):**

a) Name & address:

.....  
.....

Phone No. (With STD Code):..... Mob. ....

b) Name & address:.....

.....  
.....

Phone No. (With STD Code):..... Mob.....

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I/We here by declare the information given here in is valid and correct to the best of my/our knowledge and belief. We also here by agree to inform of changes ,if any ,on the above mentioned information in writing.

Date:

Place:

Signature (with stamp)

We have checked & verified all the information/details given by the party and found the party fulfill our eligibility criteria .The party may be appointed as a **SCHONHEIT PVT LTD** Distributor.

RSM/ ASM/ TSM:

Head Of Department:

Vice-  
president:

Date:

Date:

Date:

Signature:

Signature:

Signature:

**Note:** The above information will remain with us in strict confidence.

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### Undertaking from the Party/Distributor

I.....Owner/ Director of M/s

..... as

Distributor have understood the guidelines of Distributor's operation and believe integral part of distribution for achieving excellent Distributor/customer satisfaction.

I give my commitment to follow these guidelines religiously.

Date:

Place:

Phone No.:

Signature (with stamp)

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## Distributor Appointment Policy

1. Distributor prospect should be in same or related business.
2. Distributor prospect should have the basic infrastructure required for distribution like office/showroom, TIN No., manpower to cater Distributors and customers ,etc.
3. Each Distributor will be assigned a specific territory.
4. Distributor prospect should have enough finance to cater & develop assigned territory.
5. Distributor will be authorized to distribute or sell product range for which he/she is appointed as Distributor he or she can sell other brands in the same product category.
6. Company will provide Authorized Distributor Letter or Certificate to its Distributors.
7. Company will provide marketing material to Distributors to promote its products.
8. Company or Service Franchisee will provide onsite service to the customer for its products.
9. Company's representatives will support Distributor in appointing Distributors, but it would not be the sole responsibility of Company or Distributor.
10. Company can support Distributor in Local Promotional Activities, on sharing basis, only on prior written approval.
11. Distributor or its representative should visit market and Distributors regularly.
12. Distributor will not be authorized to sell through online portals unless and until it is approved in written by the Company's Sales Head or equivalent.
13. The Distributor shall place the orders to Area In charge/TSM/ASM/RSM or Company and the Company shall sell the products to the Distributor in accordance with such orders at the Company's Authorized Distributor price released from time to time.
14. All payments shall be made to company's Consignee Agent or company as directed by the company. Accordingly, Distributor's order will be dispatched either from company's Consignee Agent or Company directly.
15. Distributor's mode of payment to Company will be Cash & Carry.
16. Company will intimate to the Distributor the Maximum Retail Prices at which the Distributor shall sell the products. The Distributor shall however, is free to sell at prices lower than the maximum retail prices intimated by the Company, but it should not be below acceptance level, which will be communicated on time to time basis.



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17. The Distributor shall appoint Distributors within his specified territory with the prior written consent of the Company. The Distributor shall be solely responsible to ensure payments from such Distributors.
18. The Distributor shall agree with the Company that it, at all times,-
- I. Will abide by all the policies of the Company announced from time to time.
  - II. Will not sell to any person [or body corporate or in-corporate] goods which they know or have reason to believe are intended for resale outside the Distributor territory.
  - III. Will not consent any contest or promotional/prize scheme in respect of the Company's products without the written approval by the Company.
  - IV. Will not use the name or trademark /logo of the company on the letterheads or otherwise except in the manner approved by the Company.

For SCHONHEIT PVT LTD.

**Authorized Signatory**

For the Party/Distributor

Date:

Place:

Ph. No.

**Signature (with stamp)**

M/S..... will be our sole Distributor for

State.....District.....