

Company Name				
Contact Person Name:				
Contact Detail:-				
Address:				
Tel No. :		Mobile No.:		
Fax No.:		Web Site:		
Email ID:				
Office Size:	(Sq. Feet)	No. Of Staff:		
Bankers:-				
(1) Bank			(2) Bank	
Branch			Branch	
CC Limit			CC Limit	
Warehouse Details				
Address				
Sq Feet		No. of Field Staff		Import Registration Code No.
Product Range Dealing With:				
Major Business:				
Pharmaceutical Products	Herbal Medicines	FMCG	Cosmetics	Homeopathic Medicines
CURRENT BUSINESS:				
PARTICULAR	COMPANY 1	COMPANY 2	COMPANY 3	COMPANY 4
Name of the Company				
Since Which Year				
Major Prod. Turnover (Prod Name /Qty/Value)				
Total Comp. Turnover #				
Any Other Information (If you want to mention)				