

**Distributor / Dealer Assessment Form**

1. Name of the Organization	_____
	_____
2. Year of Establishment(DD/MM/YY)	_____
3. Whether Proprietorship / Partnership / Pvt. Ltd Company (Furnish Details along with name(s) of Proprietors / Partners / Directors)	_____
	_____
	_____
4. Registered Name and Address	_____
	_____
	_____
	_____
5. Name of the Bankers with Branch Address	_____
	_____
	_____
	_____
	_____
6. Local Sales Tax Number (L.S.T) / Central Sales Tax Number (C.S.T)	_____



**SHARDA MOTOR INDUSTRIES LTD.**

Regd. Office: D-188, Okhla Industrial Area, Phase-1, New Delhi-110020 (INDIA)

Tel. : +91-11-26811957, 26811958, 26811967, 26811968, 26814585 Fax : +91-11-26811676

E-Mail : [proacoustics@shardamotor.com](mailto:proacoustics@shardamotor.com) website : [www.shardamotor.com](http://www.shardamotor.com)

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7. PAN No. \_\_\_\_\_

8. Details of Showroom(s)

a. Location \_\_\_\_\_

b. Size \_\_\_\_\_

c. Rented / Owned \_\_\_\_\_

d. Other Products Displayed / Sold at this Showroom(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Turnover

i. Annual \_\_\_\_\_

ii. Monthly \_\_\_\_\_

f. Number of Employees  
(Manager / Sales Staff) \_\_\_\_\_

g. Details of Technical / Installation / Service Staff

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

h. Committed Sales / Anticipated Sales of Marantz / Boston Acoustics products from your showroom.

i. Monthly Commitment \_\_\_\_\_



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