

*Please fill only un-highlighted rows*

<b>Name of the Customer</b>	M/s.			
<b>Business Title</b>	Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietor <input type="checkbox"/>	
Please tick (✓) which applicable				
<b>Name of The Director /Partner / Owner</b>				
<b>Head Office Address :-</b>	Contact Person :			Mob. No
	Contact No :	1	2	
	Email Id :			
	State		PIN NO	
<b>Correspondence Address :-</b>	Contact Person :			Mob. No
	Email Id :			
	State		PIN NO	
	Phone No.		Fax No.	
<b>Billing Address:-</b>	Contact Person :			Mob. No
	Email Id :			
	State		PIN NO	
	Phone No.		Fax No.	
	Tin No :		Pan No	
	DL No :			
<b>Shipping Address:-</b>	Contact Person :			Mob. No
	Email Id :			
	State		PIN NO	
	Phone No.		Fax No.	
	Tin No :		Pan No	
	DL No :			
<b>Information for payment collection</b>	Contact Person :			Mob. No
	Email Id :			
	Contact No.			
	Range			
Customer ECC NO				
Customer CST NO				
Customer LST NO				
Customer TIN NO				
GSTIN NO				
PAN Number				
Customer DRUG/PFA LIC NO				
Payment Terms				
Credit Limit				
<b>Bank Information</b>	Bank Name			Mob. No
	Account No			
	IFSC Code		MICR Code No	
	Bank Address			
Initiated by _____ Date _____				
Approved by _____ Sign with Stamp _____				
<i>Please attach hand copies with sign &amp; stamp of all registrations i.e. DL No, Pan No, Tin No etc.</i>				