

Dealership Enquiry

We thank you for your interest in becoming a distributor of Scientific. Please provide the following information. We value your time to respond to this form. You will be contacted as soon as we complete to process your request.

Company Name			
Year Established			
Address			
City	State	Pin code	
Name of CEO			
Phone		()	
Mobile			
Email			
Name of Marketing Head			
Branches (if any)		(O)	
Present activities			
Region of Operation			
Please provide details of products handled			
Product Line	Manufacturer / Make	Handled Since	
1. _____			
2. _____			
3. _____			
Please list your main principals			
1. _____			
2. _____			
3. _____			
List name (s) of the cities) which you intend to cover as a stockist			
1.			
2.			
3.			
Please provide any other information you deem necessary to influence our decision			