

Agrio India Business PVT. LTD.— Distributor Inquiry Form



Office Address:

PLOT NO. 95, A-BLOCK, SECTOR-4, CLUSTER -C,
BAWANA INDUSTRIAL AREA, DELHI-110039

Email: info@agrioindia.com

Contact: 011-44720382

CUSTOMER INFORMATION

- **Business/Customer Name:** _____
- **Owner/Contact Person:** _____
- **Mobile Number:** _____
- **Email Address:** _____
- **Billing Address:** _____
- **Shipping Address (if different):** _____

BUSINESS DETAILS

- **GST Number:** _____
- **FSSAI License No.:** _____
- **PAN Number:** _____
- **Nature of Business:**
 Retailer Wholesaler Distributor HORECA Others: _____

COLD STORAGE & LOGISTICS

- **Cold Storage Facility Available?**
 Yes – Type: _____ Capacity: _____
 No
- **Transport Facility:**
 Own Transport Require Frozen Treat Delivery

DELIVERY PREFERENCE

- **Delivery Mode:**
 Self Pickup
 Frozen Treat Delivery (charges may apply)

- **Preferred Delivery Frequency:**
 Weekly Fortnightly Monthly
- **Order Method:**
 Phone
 WhatsApp
 Other: _____
- **Preferred Payment Method:**
 Cash
 Online (UPI/Bank Transfer)
 Credit (Subject to approval)

DOCUMENT CHECKLIST

✓	Document Name	Attached
<input type="checkbox"/>	GST Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	PAN Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	FSSAI License	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Business Address Proof	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Visiting Card	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRODUCT REQUIREMENT SHEET

✓	Product Name	Rate/Unit (₹)	Qty Required (kg/pack)	Est. Monthly Sale (kg)
<input type="checkbox"/>	Frozen Chaap			
<input type="checkbox"/>	Green Peas			
<input type="checkbox"/>	Sweet Corn			
<input type="checkbox"/>	Malai Paneer			
<input type="checkbox"/>	French Fries			
<input type="checkbox"/>	Momos			
<input type="checkbox"/>	Cheese Nuggets			
<input type="checkbox"/>	Aloo Tikki			
<input type="checkbox"/>	Mixed Vegetables			
<input type="checkbox"/>	Baby Corn			

ORDER / INQUIRY DETAILS

- **Purpose of Form:**
 Product Inquiry
 First-Time Order
 Repeat Order
- **Preferred Delivery Date:** _____

SPECIAL INSTRUCTIONS / COMMENTS

CUSTOMER DECLARATION

I declare that the above information is accurate and that I agree to the business, delivery, and payment terms set by Agrio India Business PVT. LTD.

Authorized Signatory: _____

Date: _____

Stamp/Seal: _____
