

Savex Technologies Pvt. Ltd.  
**Savex Technologies Pvt. Ltd.**

**Customer Registration Form**

<b>Company Name:</b>	
<b>Office Address:</b>	
<b>Billing Address:</b>	
<b>Phone / Fax No:</b>	
<b>Email id:</b>	
<b>Start Up Year:</b>	
<b>Equity/Capital:</b>	
<b>Net Worth</b>	
<b>Type Of Company: (Pls. Tick)</b>	
<input type="checkbox"/> Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Others	

**Tax Registration Details**

a.) Central Sales Tax No.	
b.) TIN No. (Attach Copy)	
c.) Income Tax PAN No. (Attach Copy)	

Nature of Business

<b>Nature Of Business : (Pls. Tick)</b>	
<input type="checkbox"/> Reseller <input type="checkbox"/> Retailer <input type="checkbox"/> Corporate Reseller <input type="checkbox"/> System Integrator <input type="checkbox"/> E-tailer	

**COMPANY TURNOVER (FOR LAST TWO YEARS)**

<b>April – March ( Years )</b>	<b>Lacs / Crores</b>
Year <b>20</b> ___ to <b>20</b> ___	
Year <b>20</b> ___ to <b>20</b> ___	
<b>No. of Employees</b>	
<b>No. of Branches</b>	
<b>Specify Location of Branches</b>	
<b>Office Space</b>	Owned <input type="checkbox"/> Rented <input type="checkbox"/>
<b>Rent Per Annum</b>	<input style="width: 100px; height: 20px;" type="text"/>

**Proprietor, Partners, and Directors details:**

1.

a.) Name:		<b>Residence Owned Yes / No</b>  <div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix Photo of  Proprietor/Partner/  Director's </div>
b.) Residential Address :		
c.) Qualification :		
d.)% of Ownership in Business:		
e.) Mobile No. :		
f.) Telephone No. :		

**Partners, and Directors details:**

2.

a.) Name:		<b>Residence Owned Yes / No</b>  <div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix Photo of  Proprietor/Partner/  Director's </div>
b.) Residential Address :		
c.) Qualification :		
d.)% of Ownership in Business:		
e.) Mobile No. :		
f.) Telephone No. :		

**Partners, and Directors details:**

3.

a.) Name:		<b>Residence Owned Yes / No</b>  <div style="border: 1px solid black; padding: 10px; text-align: center;"> Affix Photo of  Proprietor/Partner/  Director's </div>
b.) Residential Address :		
c.) Qualification :		
d.)% of Ownership in Business:		
e.) Mobile No. :		
f.) Telephone No. :		

**DISTRIBUTOR DETAILS**

◆ Give Details of purchases with your top 3 Distributors from the following  
 Neoteric  Rashi  Ingram  Redington  Esys  Compuage  
 Supertron  Iris  Salora  Cyberstar  Avnet  Global Info.

- 1. DISTRIBUTOR:** \_\_\_\_\_  
**Which Products do you buy** \_\_\_\_\_  
Annual Business with this Distributor for last financial year. Rs \_\_\_\_\_  
Average Monthly Business (Current Year) \_\_\_\_\_ per month  
Credit Limit Rs. \_\_\_\_\_ Credit Period \_\_\_\_\_ days
- 2. DISTRIBUTOR:** \_\_\_\_\_  
**Which Products do you buy** \_\_\_\_\_  
Annual Business with this Distributor for last financial year. Rs \_\_\_\_\_  
Average Monthly Business (Current Year) \_\_\_\_\_ per month  
Credit Limit Rs. \_\_\_\_\_ Credit Period \_\_\_\_\_ days
- 3. DISTRIBUTOR:** \_\_\_\_\_  
**Which Products do you buy** \_\_\_\_\_  
Annual Business with this Distributor for last financial year. Rs \_\_\_\_\_  
Average Monthly Business (Current Year) \_\_\_\_\_ per month  
Credit Limit Rs. \_\_\_\_\_ Credit Period \_\_\_\_\_ days

**DEALER DETAILS**

Give Details of purchases with your top Dealer

- 1. Dealer Name:** \_\_\_\_\_  
**Which Products do you buy** \_\_\_\_\_  
Average Monthly Business (Current Year) \_\_\_\_\_ per month  
Credit Limit Rs. \_\_\_\_\_ Credit Period \_\_\_\_\_ days

## Bank Details

<b>Bank Name # 1 :</b> _____	
Account No. : _____	No. of Signatories : _____
Type Of Account (Pls. Tick) : Cash Credit <input type="checkbox"/> Over Draft <input type="checkbox"/> General <input type="checkbox"/>	
Bank Limits : Cash (OD) / Credit : _____ L/C Limit : _____	
<b>Bank Name # 2 :</b> _____	
Account No. : _____	No. of Signatories : _____
Type Of Account (Pls. Tick) : Cash Credit <input type="checkbox"/> Over Draft <input type="checkbox"/> General <input type="checkbox"/>	
Bank Limits : Cash (OD) / Credit : _____ L/C Limit : _____	

*The applicant promises to provide information to us in advance before closure of any bank account from which any cheques has been issued.*

*In case of a cheque bounce for Deal done against Post Dated Cheque, Bounced Cheque amount along with Rs.500 as cheque bounce charges & interest on late payment @24% p.a. from the actual due date till the date of final receipt of the amount will be collected by Savex Technologies Pvt. Ltd.*

*In case of a cheque bounce for Deal done against Current Dated Cheque, Principal amount with Rs. 500 as cheque bounce charges & Cash Discount of that transaction will be collected by Savex Technologies Pvt. Ltd..*

*This is to authorize Savex Technologies Pvt. Ltd. to verify your Bank/Trade credentials. Applicant's signature attests financial responsibility, ability and willingness to pay Savex Technologies Pvt. Ltd. invoices in accordance with agreed – upon terms.*

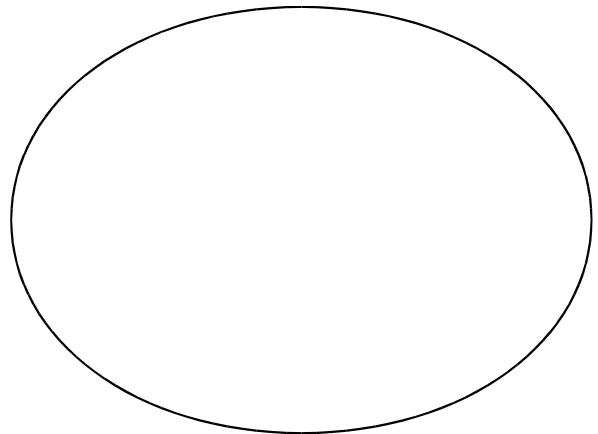
*Over Due accounts: The undersigned agrees to pay all penalties/service charges, reasonable legal/court fees incurred by Savex Technologies Pvt. Ltd.*

*We hereby agree to pay the value of goods /services purchased / provided to us on the due date as per agreed terms and condition of sale. We also declare that the information submitted herein is true and accurate.*

*We hereby agree not to hold back payment of Savex for any vendor related issue.*

COMPANY STAMP & SEAL:

SIGNATURE OF OWNER/PARTNER/DIRECTOR



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Signed by: \_\_\_\_\_

Designation: \_\_\_\_\_

**Signature verification for Partners / Directors / Proprietor**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLACE: \_\_\_\_\_

**FOR SAVEX OFFICE USE ONLY**

Savex Branch Location: \_\_\_\_\_

*(To be duly filled & Signed by the Branch in Charge before sending it to Head Office)*

Reference checked by : \_\_\_\_\_  
 Credit Rating : \_\_\_\_\_  
 Terms of Payment : \_\_\_\_\_  
 Credit Limit : \_\_\_\_\_  
 Credit Days : \_\_\_\_\_  
 Product : \_\_\_\_\_  
 Freight (Product Wise) : \_\_\_\_\_

**Banking : Local Chq, Outstation Chq, Payable at Par Chq**

Ref. Parties: Checked by Our Branch directly

A) \_\_\_\_\_ Cont. Person. \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

B) \_\_\_\_\_ Cont. Person. \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

C) \_\_\_\_\_ Cont. Person. \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_Other Remarks:  
\_\_\_\_\_  
\_\_\_\_\_List Of Documents to be Submitted:-

1. Copy of Main Bank Statements. (Minimum 3 Months)
  2. Copy of Audited Balance Sheet and Profit & Loss Account with Schedules (last three years).
  3. Copy of Sales Tax Registration Certificate.
  4. Residence Proof (Nature of Proof: \_\_\_\_\_ )
  5. Copy of Partnership Deed.
  6. Copy of Memorandum / Articles of Association.
  7. Invoice copies of other Distributors.
  8. Visiting Card
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