



Renew Cell Lithium Battery

Application Form For CNF/Distributorship/Dealership/Retailer

Personal Information

Full Name :

Place Birth :

Birth of Date :

Full Address :

Nationality :

City/Country :

Gander : (Male/Female)

Email :

Phone Number
:

Business Details

Constitution of Firm:

Sole Proprietorship/Partnership/Private Limited/ Limited Liability Partnership (LLP)/

Other: _____

Date of Establishment: __ / __ / ____

GSTIN Number: _____

PAN : _____ Aadhar _____

Trade License Number: _____



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Credible Information

Infrastructure & Logistics

Office Space (Sq. ft): _____

Warehouse / Storage Space (Sq. ft): _____

Is the warehouse owned or rented? ☐ Owned ☐ Rented

Number of Delivery Vehicles:

2-Wheelers: _____

3-Wheelers/Tempos: _____

Trucks/Vans: _____

Manpower Strength:

Sales Team: _____

Back Office/Accounts: _____

Logistics/Delivery: _____

Market Experience & Reach :

Current Area/Territory Covered: _____

Number of Retailers/Dealers Currently Serviced: _____

Do you currently distribute for other companies? ☐ Yes ☐ No

If Yes, please list the top 3 brands/companies you currently represent:

Brand: _____ Product: _____ Years: _____

Brand: _____ Product: _____ Years: _____

Brand: _____ Product: _____ Years: _____

Why do you want to partner with [Your Company Name]?

Financial Information:

Name of Main Banker: _____

Branch: _____

Annual Turnover (Last 3 Years):

Year 20__ : ₹ _____

Year 20__ : ₹ _____

Year 20__ : ₹ _____

Expected Investment Capability for this Business: ₹ _____



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Required Documents Checklist:

Please attach copies of the following documents with this application:

1. Copy of GST Registration Certificate
2. Copy of PAN Card
3. Trade License
4. Address Proof of Business (Electricity Bill/Rent Agreement)
5. KYC Documents of Proprietor/Partners (Aadhar/Voter ID)
6. Cancelled Cheque
7. Passport Size Photographs (2)

Declaration

I/We hereby declare that the information provided above is true and correct to the best of my/our knowledge. I/We understand that providing false information will lead to the rejection of this application.

Name: _____

Designation: _____

Signature: _____

Date: _____

Company Seal:



Company Name: Renew Cell Lithium Batteries

Address: New Delhi

ORDER FORM

DATE: _____

PO No.: _____

SOLD TO:	SHIP TO:
Name:	Name:
	Company Name:
	Address:
	Phone:

Item No.	Description	Qty	Unit Price	Total

Payment Terms:

Option 1: Advance 100% (5% Discount)

Option 2: Advance 50% & Rest 50% within 15 days (2.5% Discount)

Option 3: No Advance, 50% on Delivery & 50% within 15 days

Dealer Commission: Rs. 6,199/- (Including GST) per sale

Subtotal Less Discount	
Tax Rate (18% Included)	
Total Tax	
Shipping/Handling	
TOTAL	

Authorized Signature: _____

Date: _____

Renew Cell Lithium Batteries

Kolkata & NewDelhi

www.renewcell.org