

**Dealer Inquiry**

1 Full name of Company \_\_\_\_\_

2 Communication Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3 City/State/Country \_\_\_\_\_

4 Contact Name: \_\_\_\_\_

5 Contact Number: \_\_\_\_\_

6 E-mail: \_\_\_\_\_

7 Website \_\_\_\_\_

8 Total Number of Employees: \_\_\_\_\_

9 Territory Coverage \_\_\_\_\_

10 Previous Year's Total Turnover (INR) \_\_\_\_\_

11 Current Year's Estimated Turnover (INR) \_\_\_\_\_

12 Expected Sales for Aquabrane Products \_\_\_\_\_

i Product: Hollow Fiber UF Membranes \_\_\_\_\_  
Expected Sales Year 1 (INR) \_\_\_\_\_  
Expected Sales Year 2 (INR) \_\_\_\_\_

ii Product: Plate Type Ceramic Membranes \_\_\_\_\_  
Expected Sales Year 1 (INR) \_\_\_\_\_  
Expected Sales Year 2 (INR) \_\_\_\_\_

13 Total Amount You Will Invest in Stocking Aquabrane Products (INR): \_\_\_\_\_

14 Details of Other Products Currently Handled \_\_\_\_\_

i Manufacturer: \_\_\_\_\_  
Country of Headquarters: \_\_\_\_\_  
Products: \_\_\_\_\_  
Prior Year Sales/Turnover (INR): \_\_\_\_\_  
How Long are You Associated with this Product \_\_\_\_\_

ii Manufacturer: \_\_\_\_\_  
Country of Headquarters: \_\_\_\_\_  
Products: \_\_\_\_\_  
Prior Year Sales/Turnover (INR): \_\_\_\_\_  
How Long are You Associated with this Product \_\_\_\_\_