



AKRITI OCULOPLASTY LOGISTICS

(AN ISO 9001: 2000 CERTIFIED COMPANY)

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AKRITI PRODUCTS DISTRIBUTOR APPLICATION

Your Company Name

Address

Corporate Web Site: _____

President's Name: _____

Your Name: _____

Your Title: _____

Your E-mail address: _____

Number of Years in business: _____

Principle Customers: _____

Previous Role with Ophthalmologists and Optometrists: _____

Commercial Details:

CST No. / VAT No.			
Import Export Code No.			
Banker Name and Address			

Account Number:

Two Other References:

Undertaking:

We undertake that all the information provided by us in this form is true as per our knowledge and belief. We understand that all this information will be considered confidential.

Date:

Place:

Signature and Stamp.

Please email to sales@akriti.co.in or mail to the above address.