**CODEX BIOSCIENCES INTERNATIONAL PRIVATE LIMITED**

49-38-14/7, NGGO’s COLONY, BESIDE ICWAI BUILDING,

AKKAYAPALEM, VISAKHAPATNAM 530016

+91 73374 38338.

www.codexbio.in

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**Dealer Registration Form**

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| **1** | **Firm Name** |  |
| **2** | **Name of the Dealer** |  |
| **3** | **Type of organization** | **Proprietor** | **Partnership**  | **Private Limited** |
| **4** | **Address of the firm** | **D.No** |  |
| **Street** |  |
| **Land Mark** |  |
| **Village** |  |
| **City** |  | **District:** |  |
| **State** |  | **PIN** |  |
| **5** | **Residential Address** | **D. No** |  |
| **Street** |  |
| **Land Mark** |  |
| **Village** |  |
| **City** |  |  **District:** |  |
| **State** |  | **PIN** |  |
| **6** | **Mobile Number** |  |
| **7** | **Email Id** |  |
| **8** | **GST No:** |  |
| **9** | **PAN No:** |  |
| **10** | **Name of the contact person** |  |
| **11** | **Preferred Transport:** |  |
| **12** | **Payment Terms** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Applied by** |  | **Proposed by** | **Approved by** |
| **Signature** |  |  |  |
| **Name:** |  |  |  |
| **Date:** |  |  |  |

Note: Enclose GST, PAN Xerox copies for Dealer Registration.