

10 Contact Names	Phone Nos.	Fax Nos.
Accountant	()	()
Accounts Payable		
Director/Dealer Principal		
Finance Head		
Purchase head		
Sales Manager		

11 Organisation Structure : (Organisation chart may be enclosed)

No. of Employee : _____ Management Staff: _____

12. Description of Business :

13. Type of your Customer Profile :

<input type="checkbox"/>	Resellers	<input type="checkbox"/>	Government
<input type="checkbox"/>	Corporates	<input type="checkbox"/>	End User
<input type="checkbox"/>	SYS. Integ.	<input type="checkbox"/>	OEM's

<p>14. Bank Name & Address</p> <p>A/C No Credit Limits (if Any) The applicants undertakes to provide advance intimation to Stallion before closure of any Bank a/c from which cheques have been issued</p>	<p>Phone No. & Contact Person</p>
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<p>This is to authorise Stallion to verify our Bak/Trade Credentials</p> <p>Applicant's Signature stests financial responsibility to pay Stallion Invoices is accordance with the agreed upon terms</p>	<p>Name & Signature of Authorised Signatory with Official Seal</p> <p>Name : _____</p> <p>Designation : _____</p> <p>Signature: _____</p> <p>Official Seal :</p>
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