



Pfifer Software Technologies Pvt. Ltd.

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Email : For Enquiry : contact@pfifer.com Support : support @pfifer.com Web : www.pfifer.com

Channel Partner Appointment Form

Company Name :	<input type="text"/>			
Contact Person :	<input type="text"/>			
Address :	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
City :	<input type="text"/>	Pin : <input type="text"/>	State : <input type="text"/>	Courier : <input type="text"/>
Phone :	STD: <input type="text"/>	Off: <input type="text"/>	Res: <input type="text"/>	
Email :	<input type="text"/>	Mobile :	<input type="text"/>	
Birth Date :	<input type="text"/>	Marriage Date:	<input type="text"/>	

Business Details

Business Category	<input type="text"/>
Duration	<input type="text"/>
Achivements	<input type="text"/>
Annual Turnover:	<input type="text"/>
Any Other Details (if any):	<input type="text"/>

Payment Details

Cheque/DD No :	<input type="text"/>	Dated :	<input type="text"/>
Bank Name :	<input type="text"/>		
Amount :	<input type="text"/>		
Franchisee :	<input type="text"/>		
Special Instruction (if any):	<input type="text"/>		

Terms & Conditions

1. Minimum Monthly Sales of Rs. 15,000/-
2. Channel Partnership Terminated if 2 (Two) Month without Sales.
3. Channel Partnership Terminated if 3 (Four) Month Lessthan Minimum Sales Amount.

This Appointment is subject to your acceptance of the Terms & Conditions.

Channel Partner Sign

Authorised Sign

Date : ___ / ___ / _____ Place : _____

-: OFFICE USE :-

Ref. Name : _____

Verified By

Received Date : ___ / ___ / _____ Ref. No.: _____