



Business Associate's Information Form

1. Name of the Firm/Organization: _____

2. Address : _____

3. Phone No. : _____ Mobile No. _____ Fax No. : _____

4. E-mail _____ Website _____

5. Year of Incorporation : _____ LST No. : _____

Formation CST No. : _____

6. Type of Ownership : Proprietorship / Partnership / Company / Public Limited

7. Business Interests : Distributorship/Dealership _____

8. Number of major customers covered last year

Institutes	Hospitals	Nursing Homes	Individual doctors

9. Total Turnover in the last financial year (Optional): _____

10. Manpower

No. of Sales Staff _____ No. of Service Staff, if any _____

11. Territory you would like to cover _____

12. Expected business turnover you can project _____

13. Details of Bank Account: _____

Date: _____ **Signature :** _____

Place: _____ Company seal

Kindly send back to us this duly filled form to the following address:-

M/S REACH INCORPORATED
A-80, DSIDC COMPLEX
Kirti Nagar Industrial Area
New Delhi - 110015

Please visit our website: [Reach Incorporated](#) to see our product range
For any further queries please write to us at [Reach Incorporated](#) .