

AGENCY ENQUIRY FORM

(FOR TERRITORY)

As For Authorization for Territory

Company Details

Name of Firm / Company :
Address(Registered) :
Address (Working) :
No of Team Members :
Contact Persons : 1. 2.
Contact No(Office) : 1. 2.
Email id :
Date of Establishment :
PAN No : Name :
VAT Tin :
CST Tin :
Bank Details :

Proprietor / Director Details

Name :
Contact No :
Permanent Address :
Mobile No :
Email id :
PAN No :

Please Attach Scan Copy of following Documents & mail on sales@medventmedical.com & CC to medvent.medical@gmail.com

Please attach Documents also

Company Regd Certificate (Shop ACT)

VAT Certificate

ID & Address Proof

1 Passport Photo (For Agreement Purpose)

Links for online:

For Equipments : www.medventmedical.com

For HIMS

HMS Brochure - <http://bucksoftech.com/brochure/HMS.pdf>

HMS Screenshot - http://bucksoftech.com/hms_screenshot.aspx

BSPL Profile - <http://bucksoftech.com/buckSoftechportfolio.pdf>

Please mention working areas under Territory

THANKS From :

Medvent & Team