

# Application Form for Exclusive Kent Shoppé



- 1. Area of Showroom :
- 2. Market Name :
- 3. Location / City :
- 4. State :
- 5. Applicant Name :
- 6. Contact Person :
- 7. Address (Off.) :
  
- 8. Telephone : (Mobile)  
: (Office)
- 9. Email :
- 10. Status of the Applicant :  
(Proprietor/Partner/Other)
- 11. Present Business :
- 12. Investment Available :
  
- 14. References : Name  
  
Designation  
  
Company  
  
Mobile

Received the application  
For Kent RO Systems Ltd.

Applicant's Signature / Stamp

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

CST No. :

LST No.:

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## *I hereby undertake to do the following:*

- 1. I will personally supervise and monitor the staff.*
- 2. I will provide and utilize a showroom for exclusive use of Kent products only.*
- 3. I will do the designing as per the guidelines given by Kent and will bear the entire cost, which will be reimbursed to me in 36 equal monthly installments.*
- 4. I undertake to bear the entire running cost of the shop.*
- 5. I undertake to maintain the adequate stock of Kent products and understand that the expected investment would range between Rs. 5-10 lakhs .*
- 6. I will maintain a separate godown .*
- 7. I understand that the products for display purpose will be provided at 50% of cost (wherein dummies are not provided).*
- 8. I will operate the shoppé for a minimum period of 36 months starting from the date of operation.*
- 9. I will follow all rules and regulations of the Kent Shoppé.*
- 10. I will not distribute Kent's products to retailers.*

*Applicant's Signature*

