

AVAILABLE FACILITIES

No. of Vans	<input type="text"/>	No. of Cyle Vans	<input type="text"/>		
No. of Booking Men	<input type="text"/>	No. of C.T Vans	<input type="text"/>	No. of Salesman	<input type="text"/>
Stock Maintenance	<input type="text"/>				

DO YOU PRESENTLY INVOLVED IN FOOD PROVIDE DETAILS AS FOLLOW

Name of Companies	Working Since	Products
1. _____	<input type="text"/>	_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____

Is any of the above products similar to our's Yes No

If yes how you plan to handle _____

REFERENCES

Bank Name	Branch with Code	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other References Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Date _____

Signature _____