FROZEN TREAT – Distributor Inquiry Form

Office Address:
Office No. 704, 7th Floor,
Rohini, Crown Heights, Near Rithala Metro Station
Contact: 9540006896

CUSTOMER INFORMATION

- **Business/Customer Name:** _____
- **Owner/Contact Person:** _____
- **Mobile Number:** _____
- **Email Address:** _____
- **Billing Address:** _____
- **Shipping Address (if different):** _____

BUSINESS DETAILS

- **GST Number:** _____
- **FSSAI License No.:** _____
- **PAN Number:** _____
- **Nature of Business:**
  ☐ Retailer ☐ Wholesaler ☐ Distributor ☐ HORECA ☐ Others: _____

COLD STORAGE & LOGISTICS

- **Cold Storage Facility Available?**
  ☐ Yes – Type: _____ Capacity: _____
  ☐ No
- **Transport Facility:**
  ☐ Own Transport ☐ Require Frozen Treat Delivery

DELIVERY PREFERENCE

- **Delivery Mode:**
  ☐ Self Pickup
  ☐ Frozen Treat Delivery (charges may apply)

- **Preferred Delivery Frequency:**
  ☐ Weekly ☐ Fortnightly ☐ Monthly
- **Order Method:**
  ☐ Phone
  ☐ WhatsApp
  ☐ Other: _____
- **Preferred Payment Method:**
  ☐ Cash
  ☐ Online (UPI/Bank Transfer)
  ☐ Credit (Subject to approval)

DOCUMENT CHECKLIST

✓	Document Name	Attached
☐	GST Certificate	☐ Yes ☐ No
☐	PAN Card	☐ Yes ☐ No
☐	FSSAI License	☐ Yes ☐ No
☐	Business Address Proof	☐ Yes ☐ No
☐	Visiting Card	☐ Yes ☐ No

PRODUCT REQUIREMENT SHEET

✓	Product Name	Rate/Unit (₹)	Qty Required (kg/pack)	Est. Monthly Sale (kg)
☐	**Frozen Chaap**			
☐	Green Peas			
☐	Sweet Corn			
☐	Malai Paneer			
☐	French Fries			
☐	Momos			
☐	Cheese Nuggets			
☐	Aloo Tikki			
☐	Mixed Vegetables			
☐	Baby Corn			

ORDER / INQUIRY DETAILS

- **Purpose of Form:**
  ☐ Product Inquiry
  ☐ First-Time Order
  ☐ Repeat Order
- **Preferred Delivery Date:** _____

🗒 SPECIAL INSTRUCTIONS / COMMENTS

✅ CUSTOMER DECLARATION

I declare that the above information is accurate and that I agree to the business, delivery, and payment terms set by Frozen Treat.

Authorized Signatory: _____
Date: _____
Stamp/Seal: _____
