TIMKEN connect

Retailer Registration Form

All (*) Marked are Mandatory. Fill in Block Letters Only Form No.

Name of Proprietor* _____

Name of the Shop* _____

Mobile No.* _____ Alternate No. _____ Email _____

Address* _____

State* _____ Dist.* _____

City* _____ Pin Code* _____

Business Information

Name of Primary Distributor* _____

Other Distributor 1. _____ 2 _____ 3 _____

Total Turnover (INR/Year) _____ No. of Outlets _____ Shop Area (Sq Ft) _____

Bearing Brand Served Timken ☐ SKF ☐ FAG ☐ NBC ☐ ABC ☐ Texspin ☐ Others _____

Grease Sale (INR/Year) Timken _____ Others _____

Bearing Sale (INR/Year) Timken _____ Others _____

Other Product Line Engine Component ☐ Oil ☐ Break/ Cluch ☐ Light ☐ Others _____

Segment Served HCV/LCV ☐ MUV/CAR ☐ OHW/Tractor ☐ Others _____

No. of Technicians served _____ No. of Employees _____

Use Email Yes ☐ No ☐ Use ERP Yes ☐ No ☐ Use Smart Phone Yes ☐ No ☐

Personal Information

Birthday(DD/MM/YY)* _____ Wedding Anniversary (DD/MM/YY) _____

Name of Child 1. _____ 2. _____ 3. _____

Date of Birth 1. _____ 2. _____ 3. _____

Name as in Bank Account* _____

Account No.* _____ IFSC Code* _____

Bank Name* _____ Branch* _____ City* _____

For TSR Use Only

TSR Name _____ Territory _____

Mobile No.* _____ Signature with Date _____