

## DEALER INQUIRY FORM

No.	Description	Details
1	Firm Registration Name	
2	Contact Details	Add :  Phone No. :  Fax No. :  Contact Person :  Designation :  Mobile No. :
3	Type of Firm	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited <input type="checkbox"/> Other
4	Type of Business	<input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical <input type="checkbox"/> All Type of Weights and Measures <input type="checkbox"/> Electronic & Mechanical
5	Style of Business	<input type="checkbox"/> Counter Sell only <input type="checkbox"/> Marketing through marketing Staff
6	Any other Remarks	

**Note :** Kindly e-mail this dealer inquiry form to [info@endeavourkenya.co.ke](mailto:info@endeavourkenya.co.ke)