

**PARTY VISIT INFORMATION**

**Note: Report without sign and stamp will not be accepted.**

**Next day of Meeting:** :

**Agenda of next Meeting** :

---

Name of the firm : \_\_\_\_\_

Name of the Proprietor / Partner : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_ STD Code \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_ Website \_\_\_\_\_

Products Handling : (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Companies Handling : (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Turnover : Monthly \_\_\_\_\_ Annually \_\_\_\_\_

Interested in expansion  
If yes, why :

If not, why not :

Did he understand the  
Product :

Marketing Project :

Sample seen :

Further Action Plan, if yes :

Having sales Tax No., if yes, No. :

No. of employees working with :

No. of S.S./Distributors handling :

District / Area Covering :

Date :

Day :

Time :

Sign. & Rubber stamp of party visited

**(filling up of the form at the back side is mandatory)**

**P.T.O.**

**PARTY VISIT REPORT**

**Question asked by the party and your reply thereof:**

Q 1. \_\_\_\_\_  
\_\_\_\_\_

A 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q 2. \_\_\_\_\_  
\_\_\_\_\_

A 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q 3. \_\_\_\_\_  
\_\_\_\_\_

A 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q 4. \_\_\_\_\_  
\_\_\_\_\_

A 4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager Analysis:-

Manager Conclusion:-

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Sign. Of ASM \_\_\_\_\_

Station/Area of ASM \_\_\_\_\_

