GOLCHHA
STAINLESS PIPES & TUBES

Dealer Registration Form

Business Name*

Company website

Business Address*

Street Address:

Street Address:

City:

Region:

Postal / Zip Code:

Country:

E-mail*

Contact Number*

Type of Business*

Business Owner Name*

How long have you been in business?*

Annual Sales Volume (in Rs.)*

Min Lifting Qty / Month (in KGS)*