

Jai Suspension System LLP

Dealer Portal User ID Request Form

Please fill the form in CAPITAL Letters only.

Date: ___/___/_____

Dear User,

Kindly fill the form with all required details and submit it to IT Department to create "Dealer Portal" ID.

User Type : Dealer Depot RM

User Name : _____

Land Line No : _____ Mobile No : _____

DOB : ___/___/_____ * Email ID : _____

Address : _____

PIN Code : _____

Depot : _____ (Pl. specify, if user type is Depot)

Zone : _____ (Pl. specify, if user type is RM)

If user type is "Dealer" please specify below information Yes No

Dealer Located at:

Single Location Multi Location

Dealer Name: _____ (in Capital Letters)

If dealer is at Multi-Location please specify Dealer locations to create an ID accordingly

Sr. No	Location Name
(1)	_____
(2)	_____
(3)	_____
(4)	_____
(5)	_____

(Requested By)

(RM/Depot Manager/Signature)

(Approved By)

For Office (IT) Use only

Allocated User ID: _____ Date: ___/___/_____

(*) MANDATORY CLAUSE: please specify **active/working** email id for Portal.