

pesthama[®]
NATURAL SOLUTIONS

NeemO[®]
100% PURE NEEM OIL

HUZZ[®]
ORGANIC PESTICIDE

freemite[®]200+
TERMITE TREATMENT

DISTRIBUTOR APPLICATION FORM

YOU ARE OFFICIALLY AN ESTIMATED PESTHAMA DISTRIBUTOR
WHEN WE HAVE RECEIVED A SIGNED COPY OF THIS APPLICATION FORM
AS WELL AS YOUR FIRST ORDER

DISTRIBUTOR INFORMATION

COMPANY OR INDIVIDUAL NAME:

YEAR OF ESTABLISHMENT:

NPWP OR REGISTERED NUMBER:

ADDRESS:

CITY:

STATE/PROVINCE:

POST CODE:

COUNTRY:

PHONE:

EMAIL

COMPANY WEBSITE:

MAIN CONTACT:

TITLE:

PHONE & EMAIL:

NUMBER KTP OR PASSPORT:

ACCOUNTING CONTACT:

PHONE & EMAIL:

PESTHAMA IS A BRAND OF PT LESTARI SEMESTA BALI - NPWP: 93.911.950.9-907.000
KANTOR / OFFICE: JL. PADAT KARYA 9 - DESA BELEGA - GIANYAR – BALI 80581 INDONESIA
P: +62 (0) 811 3999 120 - E: WELCOME@PESTHAMA.COM - W: WWW.PESTHAMA.COM



THE INFORMATION BELOW WILL HELP US UNDERSTAND YOUR NEEDS BETTER

YOUR MAIN ACTIVITY / PRODUCTS:

NUMBER OF SALES EMPLOYEES:

TERRITORY / REGION:

I AM INTERESTED IN:	YES	NO
NEEMO	<input type="checkbox"/>	<input type="checkbox"/>
HUZZ	<input type="checkbox"/>	<input type="checkbox"/>
FREEMITE	<input type="checkbox"/>	<input type="checkbox"/>

I hereby agree to the Pesthama Distributor terms and conditions:

- I have the full capacity to sell and distribute the Pesthama products.
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- I have already placed a first order of: Rp.....
 - Minimal order Rp 1 000 000 (excluding shipping costs)
 - Rp 3 000 000 (free shipping to Bali, Java, Lombok)
- I place an order at least every 2 (two) months.
- I update my communication media when provided by new information from you.

Date

Name

Signature