



Unit 10B 10th Floor, JMT Corporate Condominium, ADB Avenue, Ortigas
Center, Brgy. San Antonio, Pasig City.

DEALER APPLICATION FORM

Company Legal Name: _____
TIN No. : _____
Telephone Nos. () _____ Fax () _____
Email Address: _____ Website: _____
Billing Address: _____ City _____
Shipping Address: check if same with billing address If not _____
_____ City _____
Type of Business: Corporation Partnership Sole Proprietorship Others _____
Date Business Commence: _____ No. of Employee: _____
Year at present location: _____ Rented Sqm _____ Owned Sqm. _____
If rented, Name of the Lessor: _____
Major Products _____ Percentage of Sales Revenue _____

OWNER / OFFICER INFORMATION:

Name: _____ Title: _____ Residential Phone() _____
Home Address: _____ TIN No. _____
Name : _____ Title: _____ Residential Phone() _____
Home Address: _____ TIN No. _____
Name : _____ Title: _____ Residential Phone() _____
Home Address: _____ TIN No. _____

SPECIMEN SIGNATURE OF AUTHORIZED SIGNATORIES:

Name _____ Position _____

Specimen Signature _____

Name _____ Position _____

Specimen Signature _____

LIST OF OFFICE AND OUTLET:

1. _____ Name of Authorized Representative _____
Complete Address: _____ Tel. No.: _____
2. _____ Name of Authorized Representative _____

Complete Address: _____ Tel. No.: _____

3. _____ Name of Authorized Representative _____

Complete Address: _____ Tel. No.: _____

*Please provide another sheet for more list of office/outlet

BANK REFERENCES:

PRIMARY BANK REFERENCE

Bank: _____ Acct# _____ Type of Account: _____

Address: _____ Tel. No. _____ Contact Person _____

SECONDARY BANK REFERENCE

Bank: _____ Acct# _____ Type of Account: _____

Address: _____ Tel. No. _____ Contact Person _____

Bank: _____ Acct# _____ Type of Account: _____

Address: _____ Tel. No. _____ Contact Person _____

Bank: _____ Acct# _____ Type of Account: _____

Address: _____ Tel. No. _____ Contact Person _____

*Please provide another sheet for more list of banks.

LIST OF ISSUEING/DISBURSEMENT BANKS& AUTHORIZED SIGNATORIES:

Bank _____ Branch _____

Name of authorized Signatory _____ Position _____

Specimen Signature _____

Bank _____ Branch _____

Name of authorized Signatory _____ Position _____

Specimen Signature _____

Bank _____ Branch _____

Name of authorized Signatory _____ Position _____

Specimen Signature _____

BUSINESS TRADE REFERENCE:

Company Name: _____ TelNo. _____ Fax _____

Address: _____ Contact Person: _____

Credit Terms: _____ CreditLimit: _____ Trade Volume/Month _____

Company Name: _____ TelNo. _____ Fax _____

Address: _____ Contact Person: _____

Credit Terms: _____ CreditLimit: _____ Trade Volume/Month _____

Company Name: _____ TelNo. _____ Fax _____

Address: _____ Contact Person: _____

Credit Terms: _____ CreditLimit: _____ Trade Volume/Month _____

Customers Profile: walk in %____ corporate %____ Others %____

List of Major Products: _____

Upon receipt and acceptance by Insight Supply Chain Solutions Inc., this Dealer Application will serve as a binding contract between Applicant and Insight. By the submission of this application, the Applicant agrees to the following terms and condition. Applicant agrees to abide by the terms and conditions of sale, listed in the price list. Applicant's signature attests financial responsibility, ability, and willingness to pay all invoices. The above information is for the purpose of obtaining credit and is warranted to be true and correct. I/we hereby authorize Insight Supply Chain Solutions Inc. to investigate the references listed to my/our credit and financial responsibility.

Signed(Owner): _____ Date: _____

Signed (Authorized Buyer) _____ Date: _____

REQUIREMENTS:

1. SEC Registration / DTI Registration
2. Articles of Incorporation and By Laws
3. Two (2) years Comparative Audited Financial Statement / ITR
4. BIR Registration
5. Business Permit (Current)
6. Company Profile
7. Six (6) months latest Bank Statement
8. Sketch of Registered Business location

Additional Requirements upon approval:

1. Contract of Lease if office is being rented
2. 2x2 Picture of the Owner/Officer
3. Government issued ID of the Owner/Officer of the registered company

Signature over Printed Name of
Account Manager