



Dealerships Accreditation Form

Company Name:	Contact Person:
Nature of Business:	Tax Identification Number:

Contact Details	Tel. No.:	Fax No.:	Email:	Web site:
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Scope of Dealerships (List of Goods/Services offered)

Goods : _____ Exclusive Not Exclusive

Classification: Manufacturer Distributor Wholesaler Retailer

Services : _____ Exclusive Not Exclusive

Classification: General Contractor Specialty Contractor Others _____

(Special instruction: For multiple goods and services, use Attachment A.)

	Address	Telephone No.	No. of Employees
Head Office			
Factory/Warehouse			
Branch/es			

Business Structure: Single Proprietorship Partnership Corporation

Licenses and others

DTI Registration No.:	SEC Registration No.:	SSS No.:
VAT Registration No.:	PCAB License No.:	

References

Bank/Creditor	Unused Credit Line	Security/Collateral	Address	Contact Person/ Contact No.

References

Bonding Insurance Company	Type of Coverage	Coverage Amount	Collateral	Contact Person/ Contact No.

Top Five (5) Customers

Name	Address	Goods/ Services Supplied	Volume of Business/Year	Terms of Payment	Contact Person/ Contact No.

Top Five (5) Suppliers						
Name	Address	Goods/ Services Purchased	Credit Line	Terms of Payment	Contact Person/ Contact No.	
On-going major supply contracts/projects						
Name of Project/Product	Owner	Contact Person	Tel. No.	Contract Price	Target Comp. Date	% Accomplished
Major Construction/ Production Equipment Presently Owned						
Equipment	Years used	Quantity	Total Book Value	Rated Capacity		
Affiliate/Subsidiary						
Name	Address	Nature of Business				
Financial Information (Latest Financial Statement)						
Amount (Php)		Amount (Php)				
ASSET		LIABILITIES				
Cash on Hand		Trade/Accounts payable				
Accounts Receivables:		Short term loans				
Inventory (Mats & supplies)		Others:				
Others:		<i>Total Current Liabilities:</i>				
<i>Total Current Assets:</i>		Long term loan:				
Plant & Equipment		Others:				
Properties		<i>Total Long Term Liabilities:</i>				
Others:		STOCKHOLDERS EQUITY				
<i>Total Fixed Assets:</i>		<i>Total Liabilities & Stockholders Equity:</i>				
Total Assets			-			
Sales / Revenue:		Operating Expense:				
Cost of Sales / Services:		<i>Earnings Before Income Tax (EBIT):</i>				
Gross Income:		Earnings After Income Tax (EAIT):				

Company's Authorized Representative			
Nature of Transaction	Name of Employee	Position	Specimen Signature
Proposals and Bids:			
Negotiation:			
Technical Representative:			
Deliveries:			
Receiving and Acknowledgement of Purchase Order:			
Official Signatory of Contracts:			
Others:			

Dealerships Requirements Checklist	Important Instructions
<input type="checkbox"/> Letter of Intent <input type="checkbox"/> Company Profile/List of Goods and Services <input type="checkbox"/> Articles of Incorporation/SEC Registration <input type="checkbox"/> Audited Financial Statements (last two years) <input type="checkbox"/> Income Tax Return (last two years) <input type="checkbox"/> Mayor's Permit <input type="checkbox"/> DTI Registration <input type="checkbox"/> VAT Registration <input type="checkbox"/> Organization Chart <input type="checkbox"/> Office / Warehouse / Factory Location Map <input type="checkbox"/> SSS Quarterly remittance (Last Quarter) <input type="checkbox"/> Declaration of Assets <input type="checkbox"/> Environment, Health, and Safety requirements certificates <input type="checkbox"/> Proof of Ownership of Major Equipment <input type="checkbox"/> List of Equipment and Manpower <i>Additional Requirement for Goods</i> <input type="checkbox"/> Product brochures and catalogue <input type="checkbox"/> Product Sample <input type="checkbox"/> Certificate of exclusivity (if applicable) Please disregard any not applicable required documents for your company. But be sure to accomplish all the necessary details stated herein. <input type="checkbox"/> Others _____	<ol style="list-style-type: none"> The Letter of Intent should be addressed to Mr. Tristan San Buenaventura (Division Head) The Financial Statement should be in two comparative years, submitted in completed pages as audited by a CPA for both years and stamped received by the BIR or its authorized bank representative. Submit the dealerships accreditation documents in a blue clear folder in two sets. <ul style="list-style-type: none"> The Vendor Accreditation Form shall comprise the first three pages, followed by the accreditation documents which shall be arranged according to the order indicated in the accreditation requirements checklist. Put an index tab with your company name on the upper right edge of the folder. There should also be an index tab arranged in descending order for every requirement. Please make the font size of the company name (in index tab) bigger than those of the requirements. Additional documents, which you deem necessary, such as photos, company/product brochures, etc. should be placed in the latter pages. <p>Please submit the accomplished form to Crislita Cipres at Unit 1 - 7th floor, Westgate Tower, Investment Dr. Madrigal Business Park, Ayala Alabang, Muntinlupa City 1780 Telefax. No. 02-807-4211/02-807-3819 Email Add: tritecintegratedphil@yahoo.com</p>

I / We hereby certify that the information given above are to the best of my / our knowledge true and correct.
Attached are the copies of our Articles of Incorporation, DTI Registration and other requirements.

 Name in Print and Signature

 Position

 Date