



International Dealerships Accreditation Form

Registered/Company Name:	Contact Person:
Nature of Business:	Employer Identification Number/TIN no.:

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 _____

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

Business Structure: Sole Proprietorship LLC Corporation S-Corp

Licenses and others

City/County License No.:	DUNS No.:
Importation/Export License No.:(if any)	Others:

References

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

Trade Membership/Affiliations

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 (if corp) <input type="checkbox"/> Audited Financial Statements (last two years) (optional) <input type="checkbox"/> Income Tax Return (last two years) (optional) <input type="checkbox"/> Company/Business Registration Number <input type="checkbox"/> Employer Identification Number <input type="checkbox"/> Business License (County/City Issued) <input type="checkbox"/> Trade Membership Affiliation <input type="checkbox"/> Office / Warehouse / Factory Location Map <input type="checkbox"/> Company Website (if any) <input type="checkbox"/> Registered Business Address <input type="checkbox"/> Phone Numbers <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 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. Please accomplish spaces with red markings. <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 IRS or its authorized bank representative. (optional) Submit initially the dealerships accreditation documents through email and scanned copy of other required documents and send the hard copy through our office address via mail. <p>Please submit the accomplished form to Tes Cusi 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>

Not

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