



Your Partner in Quality Solutions

Dealer Application Form

Date:

BUSINESS INFORMATION

Business Name: _____ **TIN Number:** _____
Trade Name: _____ **Year Established:** _____
Business Registration: Sole Proprietorship Partnership Corporation
Nature of Business: Retailer Mobility Reseller Sub Distributor
 Corporate Retailer Online Reseller Others (Pls Specify): _____
Property Status: Owned Leased / Rented Mortgage Others (Pls Specify): _____
Business Address: _____ **Website:** _____
Office Tel. No.: _____ **Fax No.:** _____ **Company Email:** _____

OWNER'S INFORMATION

Name: _____
Mobile Number: _____ **Email Address:** _____
Bank References:
Bank - Branch: _____ Account No.: _____ Date Opened: _____ Status: _____

REQUIRED DOCUMENTS

- BIR Certificate of Registration (Form 2303)
 - Business / Mayor's Permit
 - Location Map
 - Company Profile
 - Sample Purchase Order with Signature
 - Photos of the office / store (Interior and Exterior)
- Additional for Sole Proprietorship:**
- DTI Certificate
 - Copy of owner's Valid Government ID (with address)
- Additional for Corporate & Partnership:**
- SEC Certificate
 - Articles of Incorporation
 - Corporate Secretary's Certificate (If signatory is not the owner)

Trade References:

Major Suppliers	Contact Number	Products	Credit Line/Terms	Remarks

Authorized Personnel to transact / Check Signatory:

Name:	Designation:	Contact No.:	Email Address:	Signature

I hereby confirm that information provided herein is accurate , correct and complete and that the documents submitted along with this application form are genuine.
I understand that this dealer application wil not be aproved if our company intends to purchase products and/or services for our own internal use.

Prepared By: _____
Client Approved By: _____
Credit Limit: _____

Printed Name, Date and Signature

ROCKFORD MARKETING CORP.