

Dealership Application Form

! Please complete all sections in BLOCK CAPITALS and return together with your attached documents.

APPLYING FOR
☐ Silver Dealership

☐ Gold Dealership

COMPANY PROFILE

Business Name :

Main Office Address :

Website :

Telephone Nos. :

Fax Nos. :

Year Established :

Nature of Business :

PRODUCTS & SERVICES OFFERED (Please provide attachments if necessary)

PRODUCTS
BRANDS
MANUFACTURED AT

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS INFORMATION

Type of Business ☐ Corporation ☐ Sole Proprietorship ☐ Partnership

Business License No. **Issued On**

Name of Partners (if Partnership) or Name of Incorporators (if Incorporation)

NAME
POSITION
ADDRESS

NAME	POSITION	ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Affiliated Company / Branches / Other Offices

BRANCH / AFFILIATE
ADDRESS
TELEPHONE NO.

BRANCH / AFFILIATE	ADDRESS	TELEPHONE NO.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Present Suppliers

COMPANY	ADDRESS / TEL NO.	INDUSTRY	PRODUCTS PURCHASED

Bank References

BANK	BRANCH	CONTACT NOS.

President / Owner

Name : Fax No. :
 Telephone No. : Email Address :
 Mobile No. :

AUTHORIZED PERSONNEL

SALES	PRIMARY	ALTERNATE
Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Email Addresss	<input type="text"/>	<input type="text"/>
Tel No.	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
Specimen Signature	<input type="text"/>	<input type="text"/>

PURCHASING	PRIMARY	ALTERNATE
Name	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>
Email Addresss	<input type="text"/>	<input type="text"/>
Tel No.	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
Specimen Signature	<input type="text"/>	<input type="text"/>

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AUTHORIZED PERSONNEL

ACCOUNTING	PRIMARY	ALTERNATE
Name		
Position		
Email Addresss		
Tel No.		
Fax No.		
Mobile No.		
Specimen Signature		

TECHNICAL	PRIMARY	ALTERNATE
Name		
Position		
Email Addresss		
Tel No.		
Fax No.		
Mobile No.		
Specimen Signature		

OTHER REQUIREMENTS

- ☐ Company Profile
 ☐ Articles of Incorporation
 ☐ Business Permit
 ☐ Organizational Chart
☐ SEC Registration
 ☐ DTI Registration
 ☐ BIR Registration

BANK INFORMATION REQUEST FORM

Please fill-up so we may submit information from your bank.

Dealer / Company Name
 Address
 Contact Person

BANK INFORMATION

Bank Name
 Address
 Telephone No.
 Contact Person
 Account Name
 Signatories
 Account No.
 No. of years banking there

I authorize **MYSOLUTIONS, INC** to inquire about my credit standing with the above named bank. Please accept my signature as permission to furnish **MYSOLUTIONS** with this information.

Signature over printed name

Designation / Job Title

Department

Date

I hereby certify that all information given is true and correct, and agree to notify MySolutions, of any changes thereon. I authorize MySolutions, Inc to investigate all information and references contained in this profile sheet.

Signature

THANK YOU FOR DOING BUSINESS WITH US! LET'S DO SOMETHING GREAT TOGETHER!