



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 Eternal Asia Philippines Inc., this Dealer Application will serve as a binding contract between Applicant and Eternal Asia. 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 Eternal Asia 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