

DEALER ACCREDITATION FORM

COMPANY DETAILS							
COMPANY NAME							
NATURE OF BUSINESS							
BUSINESS TYPE		☐ Corporation	☐ Sole P	ropretorship	TIN		
OFFICE ADDRESS				•			
TELEPHONE NUMBER							
EMAIL ADDRESS							
WEBSITE (IF ANY)							
DATE ESTABLISHED							
YEARS IN OPERATION							
NUMBER OF BRANCHES							
NO. OF REGULAR EMPLOYEES							
NO. OF CONTRACTUAL EMPLOYEES							
WITH IN-HOUSE FINANCING		☐ YES ☐ NO Name of In-house Financing		In-house Financing if YES			
LIST OF FINANCING PARTNERS		1)					
		2)					
		3)					
		4)					
		5)					
BANK/S DETAILS							
NAME OF THE BANK		BRANCH		TYPE OF ACCOUNT			
AUTHORIZED REPRESENTATIVES							
FULL NAME	DESIGNATION		CONTACT NUMI		IBER	EMAIL ADDRESS	



DEALER ACCREDITATION FORM

COMPANY OFFICERS DETAILS							
COMPLETE NAME (LASTNAME, FIRSTNAME MIDDLENAME)							
DESIGNATION							
PRESENT ADDRESS							
PERMANENT ADDRESS							
DATE OF BIRTH (MM/DD/YYYY)							
PLACE OF BIRTH							
NATIONALITY							
SPECIMEN SIGNATURES							
COMPLETE NAME (LASTNAME, FIRSTNAME MIDDLENAME)							
DESIGNATION							
PRESENT ADDRESS							
PERMANENT ADDRESS							
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