

# DEALERSHIP APPLICATION FORM

## GENERAL INFORMATION

Business Name		Date of Business Operation	
Business Address			
Office Phone No.		Office Fax No.	
Delivery Address			
Delivery Address Phone No.		Delivery Address Fax No.	
Corporate Email Address	Corporate Website		
Dealer Classification	<input type="checkbox"/> Corporation <input type="checkbox"/> Distributor <input type="checkbox"/> Retail <input type="checkbox"/> Others (Specify)		
Nature of Business		Total No. of Employees	
Name of Owner		Email Address	
Owner's Address			
Phone Number		Cell phone Number	
Contact Person For Payment		Est. Amount Of Monthly Purchases	

• **TYPE OF COMPANY**

<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
SEC No. / DTI Reg. No.		Date Issued	
Amount of Capital (Sole Proprietorship)		Paid Up Capital	
Authorization Capital (Partnership/ Corp)		Subscribed Capital	
Tax Identification No. (TIN)			

**REQUIRED DOCUMENTS:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> SEC/DTI Registration Certificate</li> <li><input type="checkbox"/> Mayor's or Business Permit</li> <li><input type="checkbox"/> BIR Form No. 2303</li> <li><input type="checkbox"/> Articles of Incorporation</li> <li><input type="checkbox"/> General Information Sheet (Current)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Company Profile</li> <li><input type="checkbox"/> 5 Samples of Delivery Receipts /Sales Invoices from other Suppliers (optional)</li> <li><input type="checkbox"/> 5 Photos of Store or Office (with Signage included)</li> <li><input type="checkbox"/> Picture or ID of Owner / Board of Directors / Purchaser</li> <li><input type="checkbox"/> Bank Statement for the last 3-months (optional)</li> </ul> |
|--|---|

• **RELATED / AFFILIATED COMPANIES**

1)		3)	
2)		4)	

• **CONTACT INFORMATION**

	Name	Direct Line / Cell phone No.	Address	Email Address	Birth Date mm/dd/yyyy
President					
General Manager					
Sales Manager					
Accounting Manager					
Purchasing Manager					
Other Purchaser 1					
2					

3				
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**ABOUT PRODUCTS**

- **PRODUCT/S CARRIED** (Specify – IT Related industry, purchased during the last 12 months)

- **PRODUCT/S OF INTEREST** (Please put ✓ to your product of interest)

	A4TECH Accessories		GCUBE Accessories		BLOODY Accessories		TRANSCEND
	LENOVO Laptop		SEAGATE		HPRT Scanner, POS & Waybill Printers		ASUSTOR

**BUSINESS OPERATION**

Days of Operation		Office Hours		Number of Branches (if any)	
Branches (if any)					

- **DELIVERY SCHEDULE**

Day	Time	Contact Person	Contact Number

- **FOR PROVINCIAL CLIENTS ONLY**

Preferred Forwarder / Cargo		Contact Person	
Address		Contact Number	

**TRADE REFERENCES**

- **MAJOR SUPPLIERS**

Name of Company & Address	Phone No.	Years of Partnership	Credit Terms	Credit Limit	Product Purchases	Est. Monthly Purchase	Contact Person
1.							
2.							
3.							
4.							
5.							

- **MAJOR CLIENTS**

Name of Company & Address	Phone No.	Years of Partnership	Credit Terms	Credit Limit	Product Purchases	Est. Monthly Purchase	Contact Person
1.							
2.							
3.							

**BANK REFERENCES**

	Name of Bank / Branch	Phone No.	Account Name	Savings Acct No.	Current Acct. No.	Contact Person
1.						
2.						

3.						
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**AUTHORIZED SIGNATORIES**

(Cheques, Purchase Order, Contract Agreement Specimen)

	Complete Name	Designation	Signature
1.			
2.			
3.			

**COLLECTION PROCEDURE**

Required counterung?	Please mark (✓)	NO	YES	Counterung Day / Time	Collection Day / Time	Contact Person

**SPECIAL INSTRUCTION**  
(please specify)

**TERMS & CONDITIONS**

1. The dealer agrees to pay **CASH** on the first transaction.
2. **TERMS** will only be given after submitting the proper documents and after the credit investigation has taken place and been approved.
3. Only checks with the accredited accounts specified in the **Bank References & Authorized Signatories** will be accepted.
4. Proper procedure will only be conducted after submitting all the requirements needed.
5. Any changes made from this application, please notify us immediately through sending letter (by fax or email).
6. Delivery lead time shall depend on the availability of stock. All sales are final.

I certify that all information provided above is true and correct.  
I hereby authorized Lenotech Corporation to perform the necessary investigation of the above information.

NAME	DESIGNATION	SIGNATURE	DATE

**TO BE FILLED OUT BY LENOTECH CORP**

DATE SUBMITTED :	SALES REPRESENTATIVE :	ACCOUNT LOCATION :	APPROVED BY :	C & C DEPARTMENT :
REFERRED BY (IF ANY) :	TERMS OF PAYMENT :			
REMARKS :	SALES MANAGER :			