



SUPPLIER INFORMATION SHEET

NAME OF COMPANY:		DATE:
BUSINESS ADDRESS:		WEBSITE:
TELEPHONE NUMBERS:	MOBILE PHONE NUMBER	EMAIL ADDRESS:
DATE ESTABLISHED	TIN:	
NAME OF PROPRIETOR/MANAGER/OWNER		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
NATURE OF BUSINESS: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Trading Firms <input type="checkbox"/> Service Contractor <input type="checkbox"/> Others: (pls. specify) _____		Mode of Delivery: <input type="checkbox"/> Hand carry <input type="checkbox"/> Door to door free of charge <input type="checkbox"/> Freight collect or conformant to agreement <input type="checkbox"/> Pick up or freight collect
PRODUCT LINES:		
CREDIT ACCOMMODATION TO DOST IX: <input type="checkbox"/> 30-DAYS <input type="checkbox"/> 15-DAYS <input type="checkbox"/> Others (pls. specify) _____		
ATTACHMENT (please submit certified true copy) <input type="checkbox"/> Business/Mayor's Permit <input type="checkbox"/> DTI/SEC Registration <input type="checkbox"/> Tax Clearance <input type="checkbox"/> Income/Business Tax Return <input type="checkbox"/> PhilGEPS Reg. No./Cert. <input type="checkbox"/> PCAB license (if applicable) <input type="checkbox"/> Certificate of Exclusive Distributorship (if applicable)		

I hereby certify that the above information is true and correct.

SIGNATURE OVER PRINTED NAME
OF AUTHORIZED REPRESENTATIVE

Contact No.: _____