

This form is used to collect and verify essential information from prospective business partners, including company details, financial background, and other relevant credentials, to facilitate a smooth and transparent registration process. **Rest assured that all information will be kept confidential.**

#### BUSINESS TYPE:

☐ ADD ☐ UPDATE ☐ BLOCK ☐ OTHERS \_\_\_\_\_

#### ACCOUNT TYPE:

☐ PRIVATE ☐ GOVERNMENT ☐ DEALER ☐ OTHERS \_\_\_\_\_

COMPANY DETAILS			
COMPANY NAME		COMPANY ACRONYM	
COMPANY ADDRESS		WEBSITE	
INVOICE ADDRESS	<small>Complete Address No., Street, City, Province, Postal Code</small>	PARENT COMPANY	<small>(IF ANY)</small>
COMPANY EMAIL ADDRESS		VAT NO.	
AREA:	<input type="checkbox"/> National Capital Region (NCR) <input type="checkbox"/> South Luzon (SL) <input type="checkbox"/> Visayas (EW/VW) <input type="checkbox"/> Northern Mindanao (NM) <input type="checkbox"/> ARMM <input type="checkbox"/> North Luzon (NL) <input type="checkbox"/> Visayas (VIS) <input type="checkbox"/> Davao Region (DVO) <input type="checkbox"/> Southern Mindanao (SM) <input type="checkbox"/> Others: _____	TAX CODE	<input type="checkbox"/> VAT EXEMPT <input type="checkbox"/> WITH VAT

#### CONTACT PERSON/S PER DEPARTMENT

##### CHIEF MED TECH/ LABORATORY HEAD DETAILS:

Name: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

##### PURCHASING/PROCUREMENT DETAILS:

Name: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

##### SUPPLY CHAIN/RECEIVING DETAILS:

Name: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

##### ACCOUNTING/COLLECTION DETAILS:

Name: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

#### CUSTOMER DELIVERY AND COLLECTION PROCEDURE

<b>DNC = DOCUMENTS NEEDED FOR COLLECTION:</b> <input type="checkbox"/> SI = Sales Invoice <input type="checkbox"/> DR = Delivery Receipt <input type="checkbox"/> PO = Purchase Order <input type="checkbox"/> SO = Sales Order <input type="checkbox"/> CA = Certificate Of Analysis	<b>DSD = DOCUMENTS TO BE SECURED DURING DELIVERY:</b> <input type="checkbox"/> GR = Goods Receipt Note <input type="checkbox"/> RR = Receiving Report <input type="checkbox"/> IGP = Incoming Gate Pass <input type="checkbox"/> CR = Counter Receipt <input type="checkbox"/> WB = Waybill	<b>DSD = DOCUMENTS TO BE SECURED DURING DELIVERY:</b> <input type="checkbox"/> SI = Sales Invoice <input type="checkbox"/> DR = Delivery Receipt <input type="checkbox"/> PO = Purchase Order <input type="checkbox"/> CPR = FDA Certificate Of Product Registration <input type="checkbox"/> SDS = Safety Data Sheet	<b>PREFERRED DELIVERY DATE:</b> <input type="checkbox"/> Urgent (Next 1–2 days) <input type="checkbox"/> Standard (3–5 business days) <input type="checkbox"/> Flexible (Up to 7 days) <input type="checkbox"/> No preference (Earliest available) <b>TIME OF THE DAY:</b> <input type="checkbox"/> Morning (8:00 AM – 12:00 PM) <input type="checkbox"/> Afternoon (1:00 PM – 5:00 PM) <input type="checkbox"/> NTP (No time preference)
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#### ACCREDITATION DOCUMENTS PROVIDED

**\*Please upload the accreditation documents online. To receive the final copy of the partnership record, kindly complete the form using the link provided at the bottom of the page.**

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|--|---|
| <input type="checkbox"/> Sec registration with articles of incorporation /DTI registration | <input type="checkbox"/> FDA License to Operate (If Applicable) |
| <input type="checkbox"/> Certificate of Registration/BIR 2303                              | <input type="checkbox"/> BIR issued ruling for vat exemption    |
| <input type="checkbox"/> Business Permit for the current year                              |   |

#### DATA PRIVACY:

By signing in this Customer Data Form, you consent to the processing of your personal information: **For this activity only;**

- By Biosite Medical Instruments Inc.,** its parent company, affiliates, and authorized service providers (which may include entities located outside the Philippines);
- For retention** in a secure database for a period permitted by law for legal and operational purposes;
- To receive promotions** about Biosite, Inc.'s products and services, including participation in customer satisfaction surveys conducted by us or our authorized partners.

You acknowledge and confirm that:

- You are aware of your rights under the Data Privacy Act to **withdraw consent, rectify, erase, or block** your information at any time;
- You may contact **Biosite Medical Instruments Inc.,** immediately to exercise these rights;
- Your information will be treated **with strict confidentiality,** and appropriate security measures will be applied to safeguard it.

\_\_\_\_\_  
 Company Owner / Managing Director / CEO  
(Signature over Printed Name)

\_\_\_\_\_  
 Finance or Accounting Manager  
(Signature over Printed Name)

\_\_\_\_\_  
 HR Manager  
(Signature over Printed Name)

\_\_\_\_\_  
 Authorized Representative  
(Signature over Printed Name)

BMI-FORM-FAA-006

For database registration and to receive the final copy of your partnership record, please ensure you complete the form at:

 <https://forms.gle/V5smWiiQzcGseCNt7>



E-mail Address  
**customerservice@biositeph.com**  
 Customer Care Hotlines:  
**Sales Department: 09171115008**  
**Technical Services Department: 09171114008**

 **www.biositeph.com**  
 **biositemedicalinstrumentsinc**  
 **biositemedicalinstruments**  
 **customerservice@biositeph.com**