

DEALERSHIP ACCREDITATION FORM

COMPANY PROFILE

BUSINESS NAME	:	
MAIN OFFICE ADDRESS	:	
CONTACT #	:	
FAX #	:	
YEAR ESTABLISHED	:	
NATURE OF BUSINESS	:	
	:	

BUSINESS INFORMATION

TYPE OF BUSINESS	:	<input type="radio"/> CORPORATION	<input type="radio"/> SOLE PROPRIETORSHIP	<input type="radio"/> PARTNERSHIP
BUSINESS LICENSE #	:		ISSUED ON :	
NAME OF PARTNERS (IF PARTNERSHIP) OR NAME OF INCORPORATORS (IF CORPORATION)				
NAME		POSITION		ADDRESS

OTHER OFFICES/ AFFILIATED COMPANY / BRANCHES

BRANCH /AFFILIATE	ADDRESS	CONTACT #

BANK REFERENCES

BANK	BRANCH	CONTACT #

PRESENT SUPPLIERS

COMPANY	PRODUCTS PURCHASED	CONTACT #

OWNER/ DIRECTOR/PRESIDENT

COMPLETE NAME	:	
LANDLINE #	:	
MOBILE #	:	
EMAIL ADDRESS	:	



E. Bascon Street Talisay, Cebu City 6000
 www.systemhub.ph
 T: (032) 324 8917

AUTHORIZED PERSONNEL		
SALES		
NAME	:	
POSITION	:	
TEL #	:	
MOBILE #	:	
SIGNATURE (SPECIMEN)	:	
DELIVERY ACCEPTANCE		
NAME	:	
POSITION	:	
TEL #	:	
MOBILE #	:	
SIGNATURE (SPECIMEN)	:	
ACCOUNTING		
NAME	:	
POSITION	:	
TEL #	:	
MOBILE #	:	
SIGNATURE (SPECIMEN)	:	
PURCHASING		
NAME	:	
POSITION	:	
TEL #	:	
MOBILE #	:	
SIGNATURE (SPECIMEN)	:	
REQUIREMENTS		
<input type="checkbox"/> COMPANY PROFILE	<input type="checkbox"/> ORGANIZATIONAL CHART	
<input type="checkbox"/> BUSINESS PERMIT	<input type="checkbox"/> BIR REGISTRATION	
<input type="checkbox"/> DTI/SEC REGISTRATION		
<input type="checkbox"/> IF SEC, ARTICLES OF INCORPORATION		

If you have any questions , Please contact Mary May on Tel no. (032) 324 8917

THANK YOU FOR YOUR BUSINESS!



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BANK INFORMATION REQUEST FORM

Please fill out this form so we may submit for information from your bank. Thank you.

Dealer/Company Name	
Address	
Contact Person	

Bank Information		
Bank Name/Branch		
Address		
Telephone No./Fax No.		
Contact Person		
Account Name		
Signatories		
Account No.		
No. of years banking there		

I authorize **SYSTEMHUB DISTRIBUTION INC** to inquire about my credit standing with the above named bank. Please accept my signature as permission to furnish **SYSTEMHUB** with this information.

Signature over printed name _____
 Title _____
 Date _____

For Bank Use Only

Dear Bank Officer:

The above company has given your name as the Bank holding their accounts. Any information you may give will be helpful in our decision to open an account for them. The information provided to our company will be held strictly confidential. Please complete this form and send through email: sales@systemhub.ph at your earliest convenience. Above is their written authorization for access.

Checking Account Information

Date Opened _____
 Average Daily Balance _____
 Properly handled?
 OverDraft(OD)? Yes _____ No _____ How often? _____
 Drawn Against Uncollected Deposits (DAUD)? Yes _____ No _____ How often? _____
 Drawn Against Insufficient Fund (DAIF)/ Returned Checks? Yes _____ No _____ How often? _____
 Any additional comments _____

Savings Account Information

Date Opened _____
 Average Daily Balance _____
 Any additional comments _____

Prepared by: _____
 Designation : _____

Date: _____