



273B 10th Ave. Corner 3rd Street Grace Park Caloocan City
09178190917 / 09674024999

DEALERSHIP FORM

Customer's Information Sheet

Company Name : _____
Owner's Name : _____ TIN No. : _____
Residence Address : _____
Company Address : _____
Contact No. : _____ Email Address : _____
Address where to deliver good : _____

Name Of Authorized Person to Received Order	Signature
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Contact No. : 1. _____ 2. _____ 3. _____

Type of Business (Kindly Check the Appropriate Box)	Top 5 Officers of the Company
<input type="checkbox"/> Single Proprietor	1. _____
<input type="checkbox"/> Partnership	2. _____
<input type="checkbox"/> Corporation	3. _____
	4. _____
	5. _____

Credit Reference :

A. Major Supplier/Dealers

1. Supplier's Name : _____
Contact Person : _____ Contact No. : _____

2. Supplier's Name : _____
Contact Person : _____ Contact No. : _____

3. Supplier's Name : _____
Contact Person : _____ Contact No. : _____

4. Supplier's Name : _____

Contact Person : _____ Contact No. : _____

5. Supplier's Name : _____

Contact Person : _____ Contact No. : _____

B. Bank Reference :

Bank's Name	Branch	Account Number	Contact Person	Contact Number

THIS CERTIFIES THAT THE INFORMATIONS CONTAINED HEREIN ARE TRUE AND CORRECT. BY PROVIDING THE ABOVE MENTIONED CREDIT REFERENCES, I/WE HEREBY AUTHORIZED **MOOKEM HELMET PHILIPPINES** TO CONDUCT NECESSARY AND CREDIT INVEST WITH MY/OUR RESPECTIVE SUPPLIERS AND BANKS

Signature Over Printed Name

Position

Requirements :

1. DTE Business Permit/Sec Registration (By Laws, Article of Incorporation, GIS)
2. Valid ID's of owner (Any of the Following: Driver's License/SSS/Passport?National ID)
3. Mayor's Permit