

DISTRIBUTOR APPLICATION FORM

All information applied herein shall be reserved solely for the purpose of acquiring a license to distribute. None of the Distributor's Personal Information gathered here shall be disclosed to another party or person unless requested by law.

NAME OF DISTRIBUTOR: _____
First Name Middle Initial Last Name

DISTRIBUTOR'S DELIVERY ADDRESS:

Unit/Stall No. Floor Level Bldg. Name Street No. & Name Barangay City

DISTRIBUTOR'S BILLING ADDRESS: (If not the same)

Unit/Stall No. Floor Level Bldg. Name Street No. & Name Barangay City

CONTACT INFORMATION

Cellphone Number: _____ Cellphone Number: _____
Landline: _____ Email Address: _____

PERSONAL INFORMATION

Gender: _____ Marital Status: _____ Citizenship: _____ Date of Birth: _____

Facebook Profile Link Address: <http://www.facebook.com/>_____

BUSINESS INFORMATION

Medium for Marketing and Distribution: _____

Delivery Method

Type of Vehicle: _____ Number of Vehicle: _____

Type of Vehicle: _____ Number of Vehicle: _____

Type of Vehicle: _____ Number of Vehicle: _____

Storage

Type of Freezer: _____ Capacity: _____ Qty: _____

Type of Freezer: _____ Capacity: _____ Qty: _____

Type of Freezer: _____ Capacity: _____ Qty: _____

Additional Requirements:

1. Valid Government ID
2. Proof of Billing
3. Certificate of Registration
4. DTI / SEC

I hereby Certify that all the information I have placed above are true as of the time of signing this document.

Applicant Signature