

Date of Application: \_\_\_\_\_

**...we help the resellers**

Name of Customer or Establishment:			
<b>Business Address:</b>			
No. & Street:			
Barangay or Subdivision:		Website:	
Town / City:	Zip Code:	Email Address:	
Telephone No.:	Fax No:	Mobile No:	
Contact Person:	Designation:	Direct Line / Local / Mobile No:	
<b>Shipping Address if different from business address above:</b>			

**Business Information**

Line of Business / Activities:		TIN:	
Years in above Business:	Capitalization: <b>PhP</b>	Annual Sales: <b>PhP</b>	
Type of Organization: <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Individual			
Classification of Organization: <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> NGO			

<b>A. If Single Proprietorship or Individual:</b>			
Name of owner:		Date of Birth:	
Citizenship:	Occupation:	Telephone no:	
Residence Address:			
Name of next kin:	Relationship:	Telephone no:	
Address:			

<b>B. If Corporation, Company Officers:</b>			
Name	Address	Position	Date of Birth
1.			
2.			
3.			
4.			
5.			

**Bank Reference:** ( Banks which you authorize us to do credit checking )

Bank	Branch	No. of Years	Ave. Daily Balance (Last 6 mos)
1.			
2.			
3.			

**Trade Reference:** ( Companies which you authorize us to do credit checking )

SMD-CIS-00

Company Name	Address	Contact No.	Contact Person / Designation
1.			
2.			
3.			

**Instruction for Order Processing**

Authorized person(s) to sign sales orders:		
Printed Name	Designation	Specimen Signature
Authorized person(s) to accept deliveries / sign invoices:		
Printed Name	Designation	Specimen Signature

**Required supporting documents:**

<input type="checkbox"/> COMPANY PROFILE	<input type="checkbox"/> PICTURE OF ESTABLISHMENT
<input type="checkbox"/> PHOTOCOPY OF LATEST MAYOR'S PERMIT	<input type="checkbox"/> 2 PIECES PASSPORT SIZE PICTURE
<input type="checkbox"/> PHOTOCOPY OF REGISTRATION OF BUSINESS NAME	
<input type="checkbox"/> PHOTOCOPY OF TIN / VAT REGISTRATION	
<input type="checkbox"/> IF CORPORATION, PHOTOCOPY OF S.E.C.- ONLY THE COVER PAGE AND PAGES ON LIST OF INCORPORATORS & DIRECTORS.	

I confirm that the information given by me is true and correct. I authorize INMED CORPORATION to verify and investigate such information from whatever sources it may consider appropriate. I understand that falsifying any of the information on the submitted documents is sufficient ground to null and void any transaction with INMED CORPORATION. I understand that should my transaction be denied, INMED CORPORATION has no obligation on its part to furnish the reason for such rejection.

Applicant / Authorized Representative (s):

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Designation

**NOTE:** Application not accompanied by required documents or with incomplete information will not be processed.