

CEBU CITY OFFICE	MANILA OFFICE	CDO OFFICE	DAVAO OFFICE	ILOILO OFFICE
G04 SUGBUTEL Bldg. S.Osmeña Blvd. Corner Road East North Reclamation Area (Near SM City) Cebu City, 600 Philippines	Suite 815, Ortigas Bldg., Ortigas Avenue Pasig City, Philippines	Holiday Appliance Bldg. Osmeña Ext. St. Cagayan De Oro City	Ground Floor, Bajada 88 Bldg. J. P. Laurel Avenue, Davao City	ATM Business Ctr. Cor. Jalandoni, Ledesma St. Iloilo City
Contact: (032) 266-7122   260-1174	Tel#: (02) 632 - 0720	Tel#: (088) 880 - 1821	Tel#: (082) 224-3785	Tel#: (033)323-3824

*Notes: After completing this form, please email to Email: [dealership@gigaworkz.com](mailto:dealership@gigaworkz.com)*

### ACCREDITATION FORM

#### COMPANY PROFILE

BUSINESS NAME	:	TERMS APPLIED FOR:
MAIN OFFICE ADDRESS	:	<input type="checkbox"/> 15 DAYS
CONTACT #	:	<input type="checkbox"/> 30 DAYS
FAX #	:	<input type="checkbox"/> 45 DAYS
YEAR ESTABLISHED	:	<input type="checkbox"/> 60 DAYS
NATURE OF BUSINESS	:	<input type="checkbox"/> 15 DAYS PDC
		<input type="checkbox"/> 30 DAYS PDC

#### BUSINESS INFORMATION

TYPE OF BUSINESS  CORPORATION  SOLE PROPRIETORSHIP  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	

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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"/> BANK CERTIFICATION (ACCOUNT BALANCE)
<input type="checkbox"/> BUSINESS PERMIT	<input type="checkbox"/> BIR REGISTRATION
<input type="checkbox"/> DTI/SEC REGISTRATION	
<input type="checkbox"/> IF SEC, ARTICLES OF INCORPORATION	

\* EXAMPLE OF BANK CERTIFICATION REQUEST (send this to your bank)

COMPANY LOGO

### BANK INFORMATION REQUEST FORM

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

As part of [Gigaworkz Technologies Inc.](#) requirements, to inquire about my credit standing with the above named bank. Please accept my signature as permission to furnish Gigaworkz with this information.

Signature over printed name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Date : \_\_\_\_\_

#### For Bank Use Only

##### 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: \_\_\_\_\_