

Pingcon Marketing Corporation

37 Insurance St. GSIS Village, Quezon City 1106 Philippines
 Tel: (02) 920-8476 • (02) 920-8477 Fax: (02) 920-8533
 (Globe) 0917-8-PING-CO • (Sun) 0922-8187-672 • (Smart) 0939-9127-098
 Email: sales@pingconmarketing.com URL: www.pingconmarketing.com

DISTRIBUTOR PROFILE FORM

Client Information Form <mailto:marketing@pingconmarketing.com>

Instruction: Please write legibly all pertinent information in the space provided.

Business Name :	
Business Address:	
Tel. No. :	
Fax No. :	
TIN No. :	

1. Type of Business Organization (Please check)

Corporation	<input type="checkbox"/>	Date of Incorporation:	
Partnership	<input type="checkbox"/>	Date of Organization:	
Single Proprietorship	<input type="checkbox"/>	Date of Organization:	
Cooperative	<input type="checkbox"/>	Date of Organization:	

2. Names and Addresses of Incorporators / General Partners / Owners:

Name	Address

3. How many years has your organization been in business as a distributor?

4. List down the areas of distribution coverage:

Primary:	
Secondary:	
Other Areas:	

5. List of Products currently distributed:

Major:	
Minor:	
Other Products:	

6. Average Monthly Sales Revenue:

7. Please the Top 3 customers, contact person & contact nos.:

Company	Contact Person	Contact Number

8. Please list Bank References & contact nos.:

Bank	Contact Person	Contact Number

9. ACCREDITATION REQUIREMENTS (Please submit the following together with this form)

- Current Municipal / City Permit
- For: a.) Single Proprietorship - Registration of Business Name with DTI / b.) Corporation - Articles of Incorporation and By-Laws from the SEC
- Latest Financial Statement inclusive of Income Tax Return
- Sketch of the company location
- For newly organized business within the year, at least Balance Sheet and BIR Certificate of Registration must be submitted.

Name:	
Signature:	
Position	
Date:	

I certify that the above information is true, complete and correct.