



DEALER APPLICATION FORM

DEALER INFORMATION

FULL NAME OF BUSINESS:
TRADING AS:
BUSINESS ADDRESS:
PHONE: FAX: MOBILE:
EMAIL:
POSTAL ADDRESS (if not as above):
TYPE OF BUSINESS (e.g. Sole Proprietorship, Partnership, Corporation):
IF CORPORATION, DATE OF INCORPORATION:
BANK:
BANK ADDRESS:
BANK PHONE:

NAMES & RESIDENTIAL ADDRESS OF DIRECTORS/PARTNERS:

NAME:
ADDRESS:
NAME:
ADDRESS:
NAME:
ADDRESS:

TRADE/CREDIT REFERENCES:

CONTACT NAME: PHONE: FAX:
CONTACT NAME: PHONE: FAX:
CONTACT NAME: PHONE: FAX:

ANTICIPATED POSSIBLE MONTHLY PURCHASES:

PhP 1K-5K PhP 5K-10K PhP 10K-20K PhP 20K-50K Above PhP 50K per month

I/We the undersigned declare that the above application is true and correct and agree to the Terms and Conditions as outlined in the current dealer price list. I/We accept the Trading Terms its being STRICTLY COD unless otherwise agreed with an Authorized Officer of Crazycool Technologies Inc. I/We personally guarantee to pay in full any goods which have been received by the above mentioned and are held personally liable for any outstanding debts at any stage.

NAME: SIGNATURE:
POSITION: DATE:

NAME: SIGNATURE:
POSITION: DATE:

PLEASE INCLUDE THE FOLLOWING WHEN SUBMITTING:

Table with 3 columns: Business Type, DTI Registration, BIR Registration. Rows include Sole Proprietorship, Partnership, and Corporation.

FAX APPLICATION AND DOCUMENTS TO 046-4161545, or EMAIL to sales@crazycooltech.com.