

MAIN :J. De Veyra St. Off Juan Luna Ave.

North Reclamation Area, 6000 Cebu City

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Revised March 2008

PARTNER/DEALER APPLICATION FORM

BUSINESS NAME					
BUSINESS ADDRESS					
BUSINESS TEL. NO.	()		()	()	
	COMPANY FAX NO.				
NTERNET WEBSITE	Http://www.				
NAME OF OWNER OR M	ME OF OWNER OR MANAGER CELL-PHONE NO.				
HOME ADDRESS					
NATURE OF BUSINES	(Check all that	apply)			
I.T. RESELLER & SERVICES COMPUTER TRAINING INTERNET CAFÉ					
TYPE OF ORGANIZATION SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION					
NAME OF INCORPORATOR/PARTNERS COMP			ETE ADDRESS	TELEPHONE NUMBER	
CURRENT SUPPLIERS (Please list down your top suppliers)					
Company Name Contact person			Telephone Number /s Address		
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BANK REFERENCES Bank / Branch Contact person			Telephone Number /s Address		
Dalik / Dialicii	Contact perso)N	Telephone Number /s	Address	
PAYMENT/TERMS		-			
How much Credit amount are you applying for? ————————————————————————————————————					
DOCUMENT REQUIREMENTS			All the information given on this application are true, correct and, by signing above, I/we authorized CBX Corporation to make any		
Completely filled up application form			credit investigation to evaluate, validate or verify all information,		
2x2 pictures (2 copies) of Owner / Manager Bank Certification Deposit			including financial standing. I/we understand that falsification and		
Latest Bank Statement of Account			or giving false information in this application, and/or supporting documents submitted, shall be ground for the rejection of my/our		
Company Profile			application.		
SEC Registration (if Corporation / Partnership)					
DTI Registration (if Sole Proprietorship)			Signature over Printed Name Date		
Mayor's Permit		Please Fax to (O32) 231-4690 or scan & e-mail this form to applydealer@cbx.com.ph			