DAF 03 -2023

Tin Number

DEALERS' APPLICATION FORM

A. Background Information

Name of the Dealer		Name of the Proprietor	
Business Store Address			
Warehouse Address			Warehouse Ownership ( ) Rented ( ) Owned
Telephone Number	Fax Number	Mobile Number	Email Address

B. Personal Information

Civil Status ( ) Single ( ) Married ( ) Widowed ( ) Separated	Spouse's Complete Name *(If married)*	Citizenship *(If foreign nationality, please attached a copy of the I-card)*	Date of Birth *(mm/dd/yyyy)*
	Number of Children		Age

Educational Attainment ( ) High School Graduate ( ) College Undergraduate ( ) Bachelor's Degree ( ) Vocational ( ) Master's Degree ( ) Doctorate	Name of Institution	
	Complete Address	
	Field of Study *(Pls. include any distinctions)*	Year Graduated

C. Business Organization

Type of Business Organization: ( ) Single Proprietorship ( ) Partnership ( ) Cooperative ( ) Corporation ( ) Others, Pls. Specify: _____	Net Asset Worth / Capital
	Year of Experience in the Business

BON AFFAIRE TRADING INC.
Rm. 310 MN Square Bldg., 678 Shaw Blvd., Kapitolyo, Pasig 1603
Email: bonaffairetrading@outlook.com / sales@bon-affaire.com

D. Business Information

Current Business Activities	Area of Coverage Applying for Dealership
	Number of Employees *Full-Time:* *Contracted:*

E. Products & Services

Kindly enumerate major products and services carried separated by a comma.
Are there any lines of business associated with you? If yes, please specify.
Please state marketing strategy on how to promote Bon Affaire Trading Inc.'s product line.

F. References

Kindly list at least three (3) *Major Projects and Clients* alongside with their contact numbers.
Kindly list *Bank References* stating the Name of the Bank and Branch Location alongside with their contact numbers.
Kindly list *Trade References* alongside with their contact numbers.

G. Declaration

I declare that all the information stated here in the form and all other records and documents submitted are true and correct to the best of my knowledge and belief.

Printed Name	Signature	Date Signed

Upon completion of this Dealership Form, please attach the following documents:

- Articles of Incorporation and By-Laws (SEC) (if applicable)
- Mayor's or Business Permit
- Department of Trade and Industry (DTI) Registration (if applicable)
- Fertilizer and Pesticide Authority License
- Certification from Banks on Existence of Credit Facility (if applicable)
- Board Resolution Applying for Distributorship (if applicable)
- Board Resolution containing Authorized Person to transact with Bon Affaire Trading (BATI) Inc. (if applicable)

The information contained above is true and correct to the best of my knowledge and belief.

Printed Name	Signature	Date Signed

Community Tax Certificate No. _____

Amount Paid _____
Date Issued _____
Place Issued _____

For Bon Affaire Trading Inc. Use Only

General Evaluation

_____
_____
_____
_____
_____

Evaluated By: _____
Date: _____

Approved By:

		President

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