

Company Profile Checklist

Company Name: _____

Established When: _____ General Manager/Owner: _____

Contact Person: _____ Designation: _____

Office Address: _____ Area (m²): _____ Tel. No. _____

Warehouse Address: _____ Area (m²): _____ Tel. No. _____

Branch/es Address: _____ Area (m²): _____ Tel No. _____

Dealer: ____ (Yes/No) Retailer: ____ (Yes/No) Reseller: ____ (Yes/No) Importer: ____ (Yes/No)

Type of Refrigerants / Chemicals Engaged:

- CFC 11 CFC 12 HCFC 22 HCFC 141b HFC 134a CFC 502 CTC
 HCFC 123 OTHERS (Please Specify): _____

Name of Supplier/s: 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

With Refilling Process: _____ (Yes/No) Capital Investment: _____

Governmental Registration:

Mayors /Business Permit No. _____ Date Issued: _____ Date Expired: _____

DTI Registration No. _____ Date Issued: _____ Date Expired: _____

Others (Please Specify): _____

Other Activities/ Business Engaged:

I acknowledge that this application form is a legally binding document, and I declare, under the penalties of perjury, that the same has been accomplished in good faith, verified by me, and to the best of my knowledge and belief, is true and correct pursuant to the regulations issued under authority thereof.

(Authorized Signature over Printed Name)