



**SUPPLIER/EXTERNAL PROVIDER  
PROFILE & SELECTION SHEET**

CONTROL NO.:	SUPPLIER CODE:
EVALUATED BY: (Initials) _____ _____	DATE EVALUATED:

FULL NAME OF COMPANY		INDUSTRY TYPE		CAPITAL
ADDRESS		TELEPHONE	FACSIMILE	E-MAIL
DATE ESTABLISHED		NO. OF EMPLOYEES		WORKING HOURS
FORM OF BUSINESS <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				AVE. ANNUAL SALES
TRADE CLASSIFICATION (PLEASE ATTACH CERTIFICATION)				
<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Sole Distributor		<input type="checkbox"/> Distributor /Dealer
PRODUCT LINE (PLEASE ATTACH BROCHURES)		TERMS OF PAYMENT <input type="checkbox"/> 30 DAYS <input type="checkbox"/> 60 DAYS <input type="checkbox"/> OPEN <input type="checkbox"/> OTHERS (PLS. SPECIFY)		

BANK REFERENCE	
NAME	ADDRESS
1. _____	_____
2. _____	_____

PRINCIPAL OFFICERS / STOCKHOLDERS	
NAME	POSITION
1. _____	_____
2. _____	_____
3. _____	_____

EMPLOYEES TO CALL UP FOR:			
	NAME	POSITION	TELEPHONE
1. QUOTATION ---	_____	_____	_____
2. DELIVERIES ---	_____	_____	_____
3. COMPLAINTS ---	_____	_____	_____

PLEASE ATTACH COPIES OF THE FOLLOWING:

- |   |   |
|---|---|
| <input type="checkbox"/> DTI / SEC REGISTRATION                       | <input type="checkbox"/> LIST OF MACHINES / EQUIPMENT       |
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> COMPANY HISTORY                    |
| <input type="checkbox"/> TAX IDENTIFICATION NUMBER / VAT REGISTRATION | <input type="checkbox"/> PROCESS AND QUALITY CONTROL CHARTS |
| <input type="checkbox"/> BUSINESS PERMIT                              | <input type="checkbox"/> LOCATION MAP                       |
|   | <input type="checkbox"/> OTHERS _____                       |

I hereby certify that the given above information are true and correct to the best of my /our knowledge, and will be updated annually. Any misrepresentation on above information is sufficient ground for us to be terminated as supplier of Corporate Guarantee & Insurance Company.

_____	_____	_____
SIGNATURE OVER PRINTED NAME	POSITION	DATE

**For Corporate Guarantee Use Only:**

<p><b>RECOMMENDATION:</b></p> <p>_____ Approved for Accreditation                      _____ Disapproved for Accreditation</p> <p>Other Remarks:</p>
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Recommended by:/Date:
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<p><b>APPROVED FOR ACCREDITATION:</b></p> <p>CARMELO B. ALABADO Chief Operating Officer and Quality Council Chairman Date:</p>
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