

Reseller Application Form

PERSONAL DATA

Last Name	First Name	Middle Name
Home Address:		Date of Birth
Telephone No.	Mobile No.	Email Address:

EMPLOYMENT DATA (IF APPLICABLE)

Employer (Present or most recent) Business Name (If Self Employed or Business Owner)		
Address:		Telephone No.
Job Title Description of your Duties:		
Employment Period (Month & Year)	Length of Employment (Years & Months)	If this application is approved, will you continue to work for your current job? <input type="checkbox"/> YES <input type="checkbox"/> NO

BUSINESS INFORMATION

Business Address:		Area of Coverage (Province/City):
Will it be placed in an existing business establishment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Form of Ownership: <input type="checkbox"/> Single Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Are you interested in opening multiple sites? <input type="checkbox"/> YES <input type="checkbox"/> NO
Business Name:	Will you use any financing aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a Checking Account? <input type="checkbox"/> YES <input type="checkbox"/> NO

ACKNOWLEDGEMENTS AND SIGNATURE

All the information you will provide in this form will be used to establish a user account information database in our system. . Pertinent information (e.g. address, telephone numbers) will be used for administrative purposes, technical support and security.

 Applicant's Name and Signature

 Date

Note: Fax this form at (02) 4372697 or email at inkwarehouse.ph@outlook.com or bring personally at Inkwarehouse Office: 1840 E. Rodriguez Sr. Ave, Cubao, Quezon City