

### SUPPLIER ACCREDITATION APPLICATION FORM

Company Name:	
Office Address:	
Warehouse Address:	
Telephone No(s):	Fax No:
Website:	Email Address:
Contact Person:	Position:
DTI/SEC Reg. No:	DTI/SEC Reg. Date:
TIN/VAT Reg. No:	TIN/VAT Reg. Date:
Business Reg. No:	Business Reg. Date:
ISO Certification: QMS _____ EMS _____ OHMS _____ Others (specify): _____	ISO Certificate No (if any): _____ <i>Note: If applicable, please submit certified copy of the certificates</i>

**CONTACT PERSONS:**

Name	Designation	Contact Number	Email address

**MAJOR CLIENTS (3):**

Company Name	Address	Contact Number	Contact Person

**BANK REFERENCES:**

Bank Name	Contact Officer	Contact Number

<b>CREDIT TERMS</b> - 30 days, 60 days, 90 days, 120 days, other (pls. specify)	
<b>CREDIT LIMIT</b>	

**Number of Delivery Vehicles Owned:** \_\_\_\_\_ (please submit copy of LTO Registration Certificate)

<b>QUALITY MANAGEMENT</b>	<b>YES</b>	<b>NO</b>
Do you have a documented Quality Management System (QMS)?		
If Yes, submit a copy of the QMS Policy. If No, submit any program on Quality Management		
<b>ENVIRONMENTAL MANAGEMENT</b>	<b>YES</b>	<b>NO</b>
Do you have a documented Environmental Management System (EMS)?		
If Yes, submit a copy of the EMS Policy. If No, submit any program on Environmental Management		
<b>HEALTH &amp; SAFETY MANAGEMENT</b>	<b>YES</b>	<b>NO</b>
Do you have documented Health & Safety Management System (OHSMS)?		
If Yes, submit a copy of the OHSMS Policy. If No, submit any program on Health & Safety Management		

Please include a brief summary of any goods or services that you supply; (use separate sheets if necessary)

<b>Goods/Items</b>	<b>Services</b>

**REQUIREMENTS FOR ACCREDITATION:**

- |  |   |
|--|---|
| 1. Accomplished accreditation form.  | 8. Blank copy of original Sales Invoice/Official Receipt            |
| 2. Company Profile   | 9. Office/Warehouse/Plant Photos & Location Map                     |
| 3. BIR Certificate of Registration (Form 2303)                             | 10. Table of Organization   |
| 4. Business Permit (updated)   | 11. PCAB Registration Certificate - updated (for trade contractors) |
| 5. DTI/SEC Registration  |   |
| 6. ITR (previous year)   |   |
| 7. Audited Financial Statement for the last 2 years (BIR stamped received) |   |

**SUBMISSION OF REQUIREMENTS:**

via **HARD COPY** - submit completed requirements in a **Long Expandable Green Envelope** addressed to:

**BETA ELECTROMECHANICAL CORPORATION**  
**Procurement Department**  
 # 18 Bagong Calzada , Ususan, Taguig M.M.  
 Tel. 8628-4041 loc. 226

via **SOFT COPY** - submit completed requirements by e-mail thru [purchasing@betaelectric.com.ph](mailto:purchasing@betaelectric.com.ph) with  
**Subject: BECSAA-(Company Name)**

The undersigned hereby confirms that the above information is true and correct, and that supporting documents attached hereto are genuine and authentic.

**AUTHORIZED SIGNATORY**  
 (Signature over Printed Name/ Designation/ Date)