



OPERATION & MAINTENANCE TECHNOLOGY PHILS., INC.

R&D Building Filsyn Plant Brgy. Don Jose Santa Rosa City, Laguna, Philippines 4026
Tel. No. (049) 541-0541 Fax No. (049) 502-2500

VENDOR'S ACCREDITATION INFO SHEET

Please write in PRINT. Put checkmark (✓) on appropriate boxes. Put N/A on blank spaces not applicable.

PROFILE

Company Name : _____ Date of Application : _____
Address : _____ Mode of Application : New
Zip/Postal Code : _____ Renewal
TIN : _____

Department	Contact Person	Telephone No.	Fax No.	Mobile No.	Email Address
Sales					
Accounting					
Safety					

PAYMENT TERMS TO BE EXTENDED TO OMTPI:

30 Days 45 Days 60 Days

NOTE: OMTPI STANDARD COLLECTION SCHEDULE

EVERY 30TH DAY OF THE MONTH

For billings received by Accounting on the 1st to 30th day of the month, payment will be on the 30th day of the following month.

Vendor Type:

Supplier Services Sub-contractor / Manpower Supply Others: _____

Nature of Business

- | | | | |
|---|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> I.T. | <input type="checkbox"/> Calibration | <input type="checkbox"/> Civil works |
| <input type="checkbox"/> Construction Mat'l | <input type="checkbox"/> PPEs | <input type="checkbox"/> Fabrication | <input type="checkbox"/> Electrical works |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Pneumatics | <input type="checkbox"/> Repair | <input type="checkbox"/> Mechanical works |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Power Tools | <input type="checkbox"/> Rewinding | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Industrial Supply | <input type="checkbox"/> HVAC | <input type="checkbox"/> Rental | |
| <input type="checkbox"/> Dealer of _____ | | <input type="checkbox"/> Others _____ | |

CERTIFICATIONS

ISO 9000 ISO 14000 OHSAS 18001 OTHERS

Date Certified : _____

Certification Body : _____

REQUIRED DOCUMENTS

Please include the following attachments with the application form **(Required for submission):**

- Company Profile
- BIR Certificate of Registration
- Business Permit (Expiration Date: _____)
- DTI/SEC Registration
- List of Products and/or Services
- List of Major Customers
- Location Map

For Sub-contractor Additional Requirements :

- DOLE Registration (Expiration Date: _____)
- PCAB License or Department Order No. 174 (Expiration Date: _____)
- Certified BOSH/COSH Safety Officer
- Training Certificates of Skilled Workers

Requirements for Workers of Contractor / Sub-contractor (For Administration Department References)

1. NBI Clearance
2. Medical Results
 - Drug Test Result
 - Physical Examination
 - Chest X-Ray
3. Employee's Accident / Life Insurance Certificate
4. Employment Certificate indicating Tenure of Service and Job Title
5. Proof of Contribution in SSS, Philhealth, and Pag-ibig

Important Notes:

*** After submitting all the required documents, Vendor Sub-contractor should undergo OMTPI Safety Orientation as part of the accreditation***

We hereby certify that the information contained in our submitted document for accreditation are true to the best of our knowledge and belief. We authorized OMTPI representative to investigate the correctness and veracity of such information. We understand that should any information change, or at the request of OMTPI, we will update our application. We warrant and affirm that as a vendor of goods and/or services, we will not in any manner or form give or promise to give any money or gift, or exert or utilize such unlawful act for the purpose of influencing any decision regarding our business relationship with OMTPI. We similarly affirm that we shall abide by OMTPI policy banning and prohibiting such unethical practice. Consequently, should such practice occur, it shall be a sufficient ground for OMTPI to cancel and terminate any existing contract/order with the undersigned and/or the company it represents.

Authorized Company Representative
Signature Over Printed Name / Date

Company President / General Manager
Signature Over Printed Name / Date

For any clarifications or inquiries, please contact Purchasing Department, Tel. No. (049) 541-0541 loc 106 or 112 or email at purchasing@omtpi.com.ph