



iSN Marketplace  
AUTHORIZED RESELLER PROGRAM APPLICATION FORM

SECTION 1: COMPANY DETAILS

Business Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Website: \_\_\_\_\_

Authorized Representative \_\_\_\_\_

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

SECTION 2: BUSINESS INFORMATION

- ☐ Corporation / Partnership
- ☐ Sole Proprietorship

SEC Reg. No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

DTI Reg. No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Authorized Capital: \_\_\_\_\_

Subscribed Capital: \_\_\_\_\_

Paid-Up Capital: \_\_\_\_\_

Tax Identification No.: \_\_\_\_\_

SECTION 3: COMPANY OFFICERS

Position	Name	Contact No.	Email Address
President / Gen. Mgr.			
Sales Manager			
Product Manager			
Purchasing			
Finance / Accounting			
Marketing			

SECTION 4: PARTIAL LIST OF SUPPLIERS

Company	Contact Person	Phone No.	Terms

SECTION 5: BANK REFERENCES

Bank Name	Branch / Address	Contact No.	C/A or S/A No.

SECTION 6: PROGRAM TERMS & RESPONSIBILITIES

As an Authorized iSN Reseller, your company agrees to:

1. Resell, market, and position iSN carried brands and cybersecurity products.
2. Purchase products at exclusive partner discounts.
3. Participate in Sales and Technical Enablement sessions.
4. Render Level 1 Technical Support to your end-customers.

SECTION 7: AFFILIATE PROGRAM ENROLLMENT (OPTIONAL)

Would you like to enroll as an Affiliate Partner?

☐ Yes – By ticking this box, the applicant agrees to the Affiliate Program Terms and Conditions

BANK DETAILS FOR COMMISSION CREDITING

Bank Name\* \_\_\_\_\_

Branch\* \_\_\_\_\_

Account Name\* \_\_\_\_\_

Account Number\* \_\_\_\_\_

SECTION 8: DOCUMENTARY REQUIREMENTS

Email clear scanned copies of your business documents to [onlinesales@isn.com.ph](mailto:onlinesales@isn.com.ph)

1. Business Permit Certificate
2. SEC/DTI Certificate of Registration
3. Bank Certificate
4. List of Products Offered and Pricing
5. Articles of Incorporation and By-Laws
6. GIS 2024
7. ITR & AFS 2023/2024

## SECTION 9: CONFIRMATION & SIGNATURE

I hereby certify that the information provided is true and correct to the best of my knowledge. I agree to abide by the iSN Authorized Reseller Program Terms and Conditions. Furthermore, as an authorized partner, I agree to transact and settle obligations as stipulated in the proposals, quotations, and any official documents provided by iSecure Networks, Inc.

Authorized Signatory: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Send the accomplished form to:  
onlinesales@isn.com.ph**