

**CUSTOMER INFORMATION SHEET**

NEW  RENEWAL

**APPLICATION SUMMARY**

PAYMENT TERMS REQUESTED

TT / DP / DA / 15 / 30 / 45 / 60 / OTHERS : \_\_\_\_\_

DAYS AFTER DELIVERY / BL / DATE / MONTH / OTHERS : \_\_\_\_\_

CREDIT LIMIT REQUESTED

USD / PHP : \_\_\_\_\_

**CUSTOMER DETAILS**

TRADE NAME	SEC REG. NO.		
COMPANY NAME	DATE ESTABLISHED	NO OF EMPLOYEES	
BUSINESS ADDRESS:	AUTHORIZED CAPITAL	USD/PHP	
	PAID-UP CAPITAL	USD/PHP	
TELEPHONE NO./CONTACT NO.	NET WORTH		USD/PHP
FAX NO.	PARENT COMPANY	% (SHARE)	
BUSINESS NATURE	AFFILIATED COMPANY (1)	% (SHARE)	
TIN. NO.	AFFILIATED COMPANY (2)	% (SHARE)	
PEZA REGISTRATION NO.	AFFILIATED COMPANY (3)	% OF SHARE	
BOI REGISTRATION NO.	AFFILIATED COMPANY (4)	% OF SHARE	

**KEY PERSON IN MANAGEMENT**

**CONTACT PERSON**

NAME	NAME : (ACCOUNTING DEPARTMENT)
POSITION	TEL. NO.
NATIONALITY :    YEARS OF SERVICE :	FAX NO.
NAME	EMAIL ADDRESS:
POSITION	NAME : (PURCHASING DEPARTMENT)
NATIONALITY :    YEARS OF SERVICE :	TEL. NO.
	FAX NO.
	EMAIL ADDRESS:

**BANK REFERENCES**

**TRADE REFERENCES**

NAME :	SUPPLIER'S NAME :
ADDRESS:	ADDRESS:
CONTACT NAME	CONTACT NAME:
TELEPHONE NO.	TELEPHONE NO.
FAX NO.	FAX NO.
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NAME :	SUPPLIER'S NAME :
ADDRESS:	ADDRESS:
TELEPHONE NO.	CONTACT NAME:
FAX NO.	TELEPHONE NO.
CONTACT NAME:	FAX NO.
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NAME :	SUPPLIER'S NAME :
ADDRESS:	ADDRESS:
CONTACT NAME	CONTACT NAME:
TELEPHONE NO.	TELEPHONE NO.
FAX NO.	FAX NO.

**OTHER REQUIREMENTS**

Name of Document	Frequency	Pls. check and attach
SEC Registration ( incl. Articles of Incorporation and By-Laws)	One-time unless there is an update	
BIR Form 2303 Certificate of Registration (COR)	One-time unless there is an update	
DTI (Department of Trade and Industry) Certificate of Business Name Registration	Every 5 years	
PEZA Certificate of Registration, if applicable	One-time	
BOI Certificate of Registration, if applicable	Every 5 years	
For PEZA registered entities, Certificate of Purchaser of goods and services and PEZA ERD Form	Annually	
For BOI Registered, BOI Endorsement letter, BOI Masterlist and Certificate of Purchaser	Annually	
For SBMA and Clark Free-Zone Registered, Certificate of Tax Exemption, Certificate from Purchaser	Periodic	
Latest Audited Financial Statements	Annually	

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE