ALTERNATIVES FOOD CORP.

**Unit 54 and 65 3006 St Augustine Square #17 DRT Highway Pinagbarilan Baliwag Bulacan 3006**
**Telephone No: 7777-7900**

# CLIENT INFORMATION SHEET

APPLYING FOR CREDIT TERMS ☐ UPDATE CUSTOMER INFO. ☐ RE-APPLYING FOR CREDIT TERMS ☐

Company Name :
Office Address :

Tel No. Email:

Plant Address :

Tel No. Email:

Tin Number : SEC/DTI# :
Date Registered : Date Registered :
Years in Business : Type of Business :
Nature of Business : Terms Applied :

**NAME OF OWNERS/OFFICERS**

| NAME | POSITION | TEL NO. | EMAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**MAIN CONTACTS**
***AUTHORIZED TO ISSUE P.O.:***

| NAME | POSITION | TEL NO. | EMAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***AUTHORIZED TO RECEIVED ITEM/PRODUCTS:***

| NAME | POSITION | TEL NO. | EMAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***SUPPLIER DETAILS (Provide at least 3 major suppliers with their respective contact details)***

| NAME | POSITION | TEL NO. | EMAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***COUNTERING DETAILS:***

***ACCOUNTING DEPARTMENT:***

| NAME | POSITION | TEL NO. | EMAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

***PAYMENT METHOD:***

☐ COLLECTION IN THE CO. ☐ COLLECTION THRU BANK ☐ BANK TO BANK ☐ OTHERS PLS. SPECIFY:

***COLLECTION DETAILS:***

***AUTHORIZED SIGNATORY OF CHECKS:***

| NAME | POSITION | TEL NO. | SIGNATURE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

This is to certify that all information contained herein are, in all respects true and correct. I/We hereby willingly apply for credit terms and authorize you to act upon or use these as the basis for your evaluation and information.

***Signature Over Printed Name***
**of Authorized Signatory**

# BANK ACCOUNT INFORMATION

Account Name : _____
Account Number : _____
Bank : _____ Branch : _____
Bank Address : _____

Account Type : ☐ Savings ☐ Checking

Telephone No. : _____
Contact Person : _____
Position : _____

# AUTHORIZATION

TO BANK MANAGER,

I, the undersigned, have savings/checking account in your bank, details mentioned above, hereby authorized **ALTERNATIVES FOOD CORP.** to investigate the references pertinent to my credit worthiness. In connection with the same, you are hereby authorized to do the following:

*Release our bank information including the date of our account opening, and history of deposits and withdrawals.
*Include information containing history of our issued check/s and bounced check/s (if any).

The information will be used for business purposes in connection with our accreditation to in **ALTERNATIVES FOOD CORP.** as our supplier. We have agreed that all information's as well as this form are highly confidential and personally signed.

_____
Signature Over Printed Name of Authorized Signatory