



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

CLIENT INFORMATION SHEET

A. GENERAL INFORMATION

Company Name:	_____	Business Entity:	
Business Style Name:	_____	[] Corporation	[] Single Proprietorship
Nature of Business:	_____	[] Partnership	Others: _____
Tax Identification No.:	_____	Company Status:	[] Owned [] Franchise
No. of Employees:	_____	Vat Payable:	[] VAT [] NON-VAT
Website:	_____	Office Building:	[] Owned [] Rent
Main Office Address:	_____		
Landline & Fax No.:	_____	No. of yrs. in Service:	_____
Email:	_____	Plant/Warehouse Bldg:	[] Owned [] Rent
Plant/ Warehouse Address:	_____		
Landline & Fax No.:	_____		
Email:	_____		

B. CONTACT INFORMATION

	Designation	Contact Number	
Business Owners:	_____	_____	
	_____	_____	
	_____	_____	
	Name	Contact Number	Email Address
Accounting Manager:	_____	_____	_____
Person in charge for payment follow-up	_____	_____	_____
Purchasing:	_____	_____	_____

C. CREDIT INFORMATION

1. Desired Payment Terms:	_____		
2. Desired Credit Limit:	_____		
3. Bank References (Please attached a copy of Passbook - Front page only)			
Bank:	_____	Branch:	_____
Contact Person:	_____	Contact Number:	_____
Account Number:	_____	Account Type:	_____
Years of Dealing:	_____		
4. Major Suppliers (Kindly provide at least 3 major suppliers with their respective contact details)			
Company Name	Contact Person and Designation	Contact Details	Years of dealing
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
5. Personnel authorized to sign sales orders and countersign delivery invoices			
Name	Designation	Signature	Contact Details
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

This is to certify that all information contained herein are, in all respect true and correct.
I / We authorize you to act upon or use these as basis for your evaluation and information.

Date: _____
Printed Name & Signature
Owner/Authorized Signatory