

COMPANY INFORMATION	
1 Company Name	
2 Registered Business Address (Unit/Floor/Building Name/ Street No./Street Name) Barangay/Municipality/Town City/Province Postal Zip /Zip Code	
3 Industry (Please select one) Manufacturing Food Manufacturing Non-Food Semicon Distribution Logistics and Transport Education Retail Healthcare Services Government Power and Utilities Petroleum IT Media Financial Institution Real Estate and Construction BPO Hospitality OTHERS, please specify	
4 Authorized Corporate/Officer Signatory 1 (Signatory 2 is also required; same field required) Positition in Company E-mail Address Comtact No. Authorized Corporate/Officer	
5 After-Sales Corporate Signatory 1 (Signatory 2 is also required; same field required) Position in Company E-mail Address Contact No.	
6 VAT Tax Exemption VAT Yes Attach BIR Certificate/Sample Account No. No OCT Yes Attach BIR Certificate/Sample Account No. No	
BILLING INSTRUCTIONS	
7 Detailed Billing Statement How would you like to receive your detailed billing statement? Soft Copy, email to this address _____ Hard Copy, send to this preferred billing address Attention FIRST NAME _____ LAST NAME _____ DEPARTMENT _____ ADDRESS (Unit, Floor, Bldg Name, No. Street) _____ Brgy / Municipality / Town _____ City/Province _____ Postal Zip /Zip Code	
8 Bill Summary Would you like to receive a bill summary? Yes No If yes, how would you like the bill summary? Soft Copy, email to this address _____ Hard Copy, send to this preferred billing address Attention FIRST NAME _____ LAST NAME	

DEPARTMENT

ADDRESS (Unit, Floor, Bldg Name, No. Street)

Brgy / Municipality / Town

City/Province

Postal Zip /Zip Code