

CUSTOMER INFORMATION FORM

HUMAN RESOURCES DEPARTMENT

This form is used to monitor customer's profile to ensure purchase and credit operational standard. This is a valuable reference; Please inform us regarding the changes in the information.

Rest assured that all information will be kept confidential. CONTROL NO.: _ Corporate Name: DTI Reg. No.: _ Mayor's Permit TIN Reg. No.: _ No.: Trade Name: Sec Reg. No.: _ Business Address: **PHOTO HERE** Telephone No.: _ Nature of Business: Mobile No.: Start in Business: Email Address: No. of Employess: Owned ORented Length of stay: Name of Owner: Owned Telephone No.: _ Name of Spouse: \bigcirc Rented Mobile No.: Passport size photo Home Address: O Living with Parents Email Address: **BANK REFERENCES** Type of Account Account Number Name of Financial Institution and Branch PRINCIPAL SUPPLIERS Contact Number Name of Supplier Contact Person **DECLARATION** (Please read before signing) By signning below, I certfy that the information given by me is true and correct and that any material misrepresentation or falsify therein shall be construe as an act to defraud to BMI for which civil and criminal liability can be pursued againts me. I here authorized BMI to (1) inquire about and investigate all the declaration information from whatever sources BMI may consider appropriate, (2) use any contact details to communicate to me for whatever purpose. I agree to identify and hold BMI. free and harmles from any all claims, liabilities damages, suit or cause of action of whatever nature, now or hereafter arising form or connection with the foregoing authorization. Name in Print Position Signature Date Requirements Passed: OTI Reg. Cert/ SEC Mayor's Permit License to Operate

BMI-FORM-HRD-030

Remarks:

New Account:

Credit Terms:

Project Annual Volume:

Checked by:

O Prof of billing

Encode by:

Noted by:

Certificate of Registration

Sketch of Business & Home Address

Existing Account:

Credit Terms:

Monthly Purchases:

Agent/Area:

Approved by:

C.I. by: