

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.

| GENERAL INFORMATION | | |
|--|---|---------------------------|
| Corporate Name: _____ | DTI Reg. No.: _____ | Mayor's Permit No.: _____ |
| Trade Name: _____ | TIN Reg. No.: _____ | Date: _____ |
| Business Address: _____ | Telephone No.: _____ | Nature of Business: _____ |
| _____ | Mobile No.: _____ | Start in Business: _____ |
| <input type="radio"/> Owned <input type="radio"/> Rented Length of stay: _____ | Email Address: _____ | No. of Employess: _____ |
| Name of Owner: _____ | <input type="radio"/> Owned | Telephone No.: _____ |
| Name of Spouse: _____ | <input type="radio"/> Rented | Mobile No.: _____ |
| Home Address: _____ | <input type="radio"/> Living with Parents | Email Address: _____ |

PHOTO HERE

Passport size photo
(4.5 cm x 3.5 cm or 1.8 inches x 1.4 inches)

| BANK REFERENCES | | |
|--|-----------------|----------------|
| Name of Financial Institution and Branch | Type of Account | Account Number |
| | | |
| | | |
| | | |
| | | |

| PRINCIPAL SUPPLIERS | | |
|---------------------|----------------|----------------|
| Name of Supplier | Contact Person | Contact Number |
| | | |
| | | |
| | | |
| | | |

DECLARATION (Please read before signing)

By signing below, I certify 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 Prnt | Position | Signature | Date |

Requirements Passed:

- | | | |
|--|---|---|
| <input type="radio"/> DTI Reg. Cert/ SEC | <input type="radio"/> Mayor's Permit | <input type="radio"/> License to Operate |
| <input type="radio"/> Prof of billing | <input type="radio"/> Certificate of Registration | <input type="radio"/> Sketch of Business & Home Address |

Remarks:

New Account:

Project Annual Volume: _____

Credit Terms: _____

Existing Account:

Monthly Purchases _____

Credit Terms _____

| | | | |
|-------------|------------|-------------|----------|
| _____ | _____ | _____ | _____ |
| Checked by: | Encode by: | Agent/Area: | C.I. by: |

| | |
|-----------|--------------|
| _____ | _____ |
| Noted by: | Approved by: |