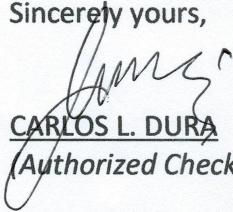


BANK AUTHORIZATION

The undersigned hereby authorizes VST-ECS PHILS., INC. (*formerly MSI-ECS PHILS., INC.*) and its representative whose name and signature appear below to conduct a credit investigation on our account with you. Thus, we are requesting your good office to give information and other matters related to our application of increase in credit line with them. For your reference, below are the bank details:

ACCOUNT NAME : CARLOS L. DURA OR SHERRYLL P. DURA
ACCOUNT NUMBER : 001918028377
BANK : BDO
BRANCH : COGON CAGAYN DE ORO
BANK'S CONTACT NO.: (088) 857 7963

Sincerely yours,


CARLOS L. DURA
(Authorized Check Signatory)

CORNER 2ND-21ST STREET NAZARETH, CAGAYN DE ORO CITY
(Client's Complete Business Name)

B5 L1 & 3 FOREST VIEW HOMES SUBDIVISION, CAGAYN DE ORO CITY
(Client's Address)

(VST - ECS Authorized Rep)



(formerly **MSI-ECS Phils., Inc.**)

CREDIT APPLICATION FORM

Customer to complete Part I, II, III and IV

Page 1 of 3

Part I-Information on Application

Name of Company : <u>SCL DURA</u> <u>COMPUTER SERVICES</u>	Company Registration No.: _____
Biz Constitution : <u>SOLE PROPRIETORSHIP</u> (For example: Sole Proprietorship, Partnership, Private Limited Company, etc.)	Taxpayer I.D. No.: <u>934 - 400 - 108</u> (required information)
Address : <u>CORNER 2ND-21ST</u> <u>STS. NAZARETH,</u> <u>CAGAYAN DE ORO</u>	GST VAT No.: _____
Postal Code : <u>9000</u>	Branch Office(s)/Address(es) : (1) _____ (2) _____ (3) _____

Nature of Business : <u>Retail Services</u> <u>Software Development; ICT Retail</u>	Type of Customer (pls circle) Export/Local/Retail//SMEs/ Corporate/Others <u>LGUs</u> (pls specify)
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Contact Persons :	Tel/Mobile No.:	Email Address :
(1) <u>CARLOS L-DURA</u>	<u>CEO/MD Office</u> <u>GM Office</u>	<u>09368863884</u> <u>scldura@gmail.com</u>
(2) <u>SHENNYLL P-DURA</u>	<u>Finance Dept</u>	<u>091761244270</u> <u>scldura@gmail.com</u>
(4) _____	<u>Mktg Dept</u>	_____
(5) _____	<u>Others</u>	_____

Tel No.:	Fax No.:	Date of Incorporation (mm/dd/yy)	Authorized Capital (Php)	Paid-Up Capital (Php)
<u>233 2824</u>				

Name(s) of Sole Proprietor/Partners/Directors

- (1) SHENNYLL P-DURA (3) _____ (5) _____
(2) CARLOS L-DURA (4) _____ (6) _____

Estimated Total Purchases from VSTECS for the next six months

- (1) Product Laptops Amount 500,000 Currency PHP
(2) Product _____ Amount _____ Currency _____
(3) Product _____ Amount _____ Currency _____

Total Credit Limit Apply For : _____ Credit Term Apply For : 30 DAYS w/ Issued PDC

Does the applicant or its associated companies has/have any business relationship with ECS Group? YES NO

Name of Companies (including Applicant's associated companies)	Name of ECS Subsidiaries (*)
(1)	(1)
_____	_____
(2)	(2)
_____	_____
(3)	(3)
_____	_____

Part II References

Bank References(s)		
<u>Bank Name and Contact</u>	<u>Address</u>	<u>Telephone No.</u>
(1) _____	_____	_____
(2) _____	_____	_____

Type of Assets Pledged to Bank: _____

Trade References(s)/Suppliers

<u>Name</u>	<u>Product purchased & Amount</u>	<u>Telephone No.</u>	<u>Internet E-mail Address</u>
(1) <u>Bambros Commercial Inc.</u>	<u>SSD/Monitors/Printers</u>	<u>09171592404</u>	_____
(2) <u>WordText Systems Inc.</u>	<u>Laptop</u>	<u>096547003034</u>	_____
(3) <u>Metro PC Technologies</u>	<u>Printer/WS</u>	<u>09176347081</u>	_____

Part III – Additional information required from Distributor/Dealer/Reseller

Names of Major Vendor and Products handled by us:		
<u>Vendors</u>	<u>Existing Products</u>	<u>Buy</u> <u>Sell</u>
(1) <u>Acer</u>	<u>Lenovo</u>	_____
(2) <u>HP</u>	<u>Cisco</u>	_____
Number of Employee 5	Number of Sales Personnel 2	Export Countries (if any)
Branches/Outlets	Locations/Address	Date Started
(1) <u>Patricia Abug</u>	<u>Batra Iponan, Cag. de Oro</u>	<u>11-01-2022</u>
(2) <u>Doy-Jhon Cubillan</u>	<u>Batra, Cagayan de Oro</u>	<u>07-01-2022</u>
(3) <u>Dave Laurence Soubillan</u>	<u>Iponan, Cag. de Oro</u>	<u>01-15-2019</u>
Names of other Distributor/Dealer selling the same VSTECS 's product to us		
<u>Metro PC Technologies, Wordtext Systems Inc.</u>		

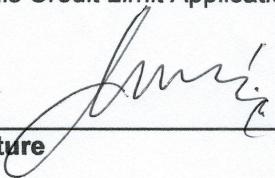
Part IV – Documents Attached

please tick

- (1) Audited Financial Statements for the last 2 years
- (2) Bank Statements for the last 3 months
- (3) Bank Authorization

By affixing their signatures below, the undersigned (or if a Corporation, the Corporation authorized officers/Agents) agree:

1. That the information contained herewith is warranted to be true and correct,
2. To pay when due, all invoices from VSTECS..
3. That in the event default of payment when due, all costs of collection, including Attorney's fees and Courts costs, shall be paid by the Applicant(s);
4. All goods sold shall remain the property of VSTECS until the company has made full settlement.
5. To authorize VSTECS to investigate any references herein listed or statement or any other data obtained from any person(s) pertaining to credit worthiness or financial responsibility of the applicant(s).
6. This Credit Limit Application subject to Approval by VSTECS.



Signature

Company's Stamp

Date

Name: CARLOS L. DUNA

Designation: SALES