



Warehouse Address

Office Address

Telephone Nos

Fax

Email

: 43 F. Pasco Ave., Santolan, Pasig City

: 1905C Tektite East Tower PSE Building  
Exchange Road, Ortigas Center  
Pasig City 1605 Philippines

: 642-4394 / 642-6088

: 738-0535 / 916-8959

: info.twireless@gmail.com

FIRM/TRADE NAME :

BUSINESS ADDRESS :

(Number)

(Street)

(Brgy/Village)

(Municipality)

(Province/Region)

(Zip Code)

(Rented)

(Owned)

PHONE NUMBER/(s) :FAX NUMBER/(s) :

NATURE OF BUSINESS:NO. OF YEARS IN BUSINESS :

COMPANY OFFICERS

General Manager :	Operations Manager :
Purchaser/s :	Engineering :

SINGLE PROPRIETORSHIP

Name :	Phone Number/s:
<div>(Last Name)</div> <div>(First Name)</div> <div>(Middle Name)</div>	
Residence Address :	
<div>(Number)</div> <div>(Street)</div> <div>(Brgy/Village)</div> <div>(Municipality)</div> <div>(Province/Region)</div> <div>(Zip Code)</div> <div>(Rented)</div> <div>(Owned)</div>	
Nationality :	Name of Spouse :
Employed : (YES) (NO) (OTHER BUSINESS)	
COMPANY	
Name :	Phone Number/s:
Address :	
<div>NUMBER</div> <div>VALIDITY</div>	
D.T.I Registration :	
T.I.N Number :	
V.A.T Registration :	

CORPORATE/PARTNERSHIP

Directors/Partners	
Name	Address
	Position
<div>NUMBER</div> <div>VALIDITY</div>	
S.E.C. #	
Auth. Cap. Stock	Paid Up Cap. Stock

BANK REFERENCES

BANK	BRANCH	CONTACT PERSON/NUMBER	ACCOUNT NUMBER	NO. OF YEARS IN THE BANK



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TRADE REFERENCES (FIRMS FROM WHICH YOU HAVE ACQUIRED CREDIT)

COMPANY	ADDRESS	TEL. #	TERMS	CREDIT LIMIT	CONTACT PERSON

DELIVERY DETAILS

Schedule of Delivery :

Delivery Address :

Unless revoked in writing, the following persons are authorized to sign order and/or receive goods from **TWIRELESS, INC.**

NAME & POSITION

SPECIMEN SIGNATURE

I/We certify that the foregoing information stated are true and correct, and hereby authorized **TWIRELESS, INC.** to obtain pertinent credit information from banks, credit card company, financial institutions, and other government financial institutions, from whom credit is requested.

OWNER

Sign over printed name/date  
(For Single Proprietorship)

SPOUSE

Sign over printed name/date  
(For Single Proprietorship)

AUTHORIZED REPRESENTATIVE

Sign over printed name/date/title-position/date  
(For Corporation/Partnership/Cooperative Proprietorship)

CHECKLIST OF ATTACHMENTS

- SINGLE PROPRIETORSHIP

• Department of Trade and Industries Certificate

• TIN/VAT Registration

CORPORATION/PARTNERSHIP/COOPERATIVES

• Articles of Incorporation/Cooperation/Partnership by Laws

• Securities and Exchange Commission/Cooperative Development Authority Certificate Registration

• TIN/VAT Registration

SKETCH OF BUSINESS ADDRESS

SKETCH OF DELIVERY ADDRESS