



The New way to Office

CUSTOMER INFORMATION SHEET
(Strictly Private & Confidential)

I. Account Information

Company Name: _____ Corporate Website: _____
 Street Address: _____ Corporate E-Mail: _____
 City: _____ Tel. No.: _____
 Province: _____ Fax No.: _____
 Postal Code: _____ Year Established: _____

Type of Organization: Single Proprietorship Partnership Corporation

No. of Employees: Less than 10 11 – 50 51-100 over 100

Annual Revenues : < 500,000 100,000,001 – 500,000,000
 (PHP) 1,000,001 – 100,000,000 Over 500,000,000

Paid-Up Capital : < 100,000 500,001 – 1,000,000 Over 10,000,000
 (Capital PHP) 100,001 – 500,000 1,000,001 – 10,000,000

Industry:

<input type="checkbox"/> Aerospace and Defense	<input type="checkbox"/> Automotive	<input type="checkbox"/> Banking	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Consumer Products	<input type="checkbox"/> Defense and Security	<input type="checkbox"/> Engineering, Construction & Operations	<input type="checkbox"/> Financial
<input type="checkbox"/> Healthcare	<input type="checkbox"/> High Tech	<input type="checkbox"/> Higher Ed & Research	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Industrial Machinery & Components	<input type="checkbox"/> Insurance	<input type="checkbox"/> Life Sciences	<input type="checkbox"/> Media
<input type="checkbox"/> Mill Products	<input type="checkbox"/> Mining	<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retail	<input type="checkbox"/> Travel & Logistics Services	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Utilities	<input type="checkbox"/> Wholesale / Distribution	<input type="checkbox"/> Not-for-Profit	

II. Contact Information

Name of Contact: _____ Contact Fax No.: _____
 Position of Contact: _____ Contact E-Mail: _____
 Contact Tel. No.: _____ Contact Mobile No. _____

III. Financial Information

Business Registration No.: _____
 Date Registered: _____
 SEC Registration No.: _____
 Date Registered: _____
 Tax Identification No.: _____

Corporate Officers / Partner/ Owner Information

Name	Position

Trade References

Company Name	Contact	Contact Number	Credit Terms

Banking References

Bank Name / Branch	Contact	Contact Number	Credit Facilities

Remarks

Do not write here

 Signature over Printed Name Position Date

I hereby acknowledge that the information
 that I have given is true and correct