



CUSTOMER INFORMATION SHEET

TRANSACTION TYPE:

APPLICATION

Date Applied _____
 Evaluation Date _____

ACCREDITATION

Date Accredited _____

CUSTOMER CODE

CUSTOMER CLASSIFICATION:

- Retailer Bakery Pastry Shop Hotel
 Restaurant Café Food Service (e.g. caterers etc...)
 Others pls specify _____

I. COMPANY INFORMATION			
Company Name		Business Type <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Sales Channel <input type="checkbox"/> Physical Store Outlet <input type="checkbox"/> Online Store <input type="checkbox"/> Social Media - FB, Instagram etc... <input type="checkbox"/> Others pls specify _____			
Contact Person		Position	E-mail Address
Office Address		Zipcode	Phone No. Fax No.
No. of Yrs in Business	No. of Employees	Capitalization	Website

Existing Sales Channels (Kindly state URL if applicable. Use separate sheet if necessary)

<p><u>A. Local Stores Outlets</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>B. Overseas Stores Outlets</u></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>C. Social Media Accounts</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>D. Online Store</u></p> <p>_____</p> <p><u>E. Others (e.g. OLX, ebay etc...) pls specify</u></p> <p>_____</p>
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For Single Proprietorship Only		
Name of Proprietor	TIN #	BIR Registered <input type="checkbox"/> Yes <input type="checkbox"/> No
For Partnership & Corporation Only		
Board of Directors		Company Officers
		President
		Vice President
		General Manager

Company Representatives		
A. Orders	B. Collection of Payments	C. Customer Information Sheet Signatory
Name _____	Name _____	Name _____
Position _____	Position _____	Position _____
Specimen Signature _____	Specimen Signature _____	Specimen Signature _____

To be filled up by Malagos Sales Manager		
Payment Terms _____	Discount _____%	Notes

II. REQUIREMENTS FOR SUBMISSION		
For Single Proprietorship	For Partnership / Corporation	Other Documents, if any <i>(to be filled up by Malagos Sales Manager)</i>
<input type="checkbox"/> TIN ID/ VAT Registration Certificate <input type="checkbox"/> DTI Registration Certificate <input type="checkbox"/> Mayor's Permit	<input type="checkbox"/> TIN ID/ VAT Registration Certificate <input type="checkbox"/> SEC Registration Certificate <input type="checkbox"/> SEC Articles of Incorporation/ Articles of Partnership <input type="checkbox"/> Mayor's Permit	

This is to certify that the above information are all true and correct. _____ Signature Over Printed Name/ Date Customer / Principal	Approved by: _____ Signature Over Printed Name/ Date Head, Sales & Marketing Malagos Agri Ventures Corporation
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