

COMPLINK MARKETING, INC.

1204 Robinsons Equitable Tower ADB Ave. Pasig City

Tel: 687-1234

Fax: 395-2499

CUSTOMERS CREDIT APPLICATION FORM

Business Name:			
Address:			
Nature of Business:			Company Website:
Tel:	Mobile No.	Fax No.	Email:
Corporation: <input type="checkbox"/>		Partnership: <input type="checkbox"/>	Sole Proprietorship: <input type="checkbox"/>
SEC No./DTI Reg. No.	DOCUMENTS REQUIRED		
Date issued:	<ul style="list-style-type: none"> • Company Profile • DTI Registration Certificate • SEC Registration Certificate • Articles of Incorporation • TIN/VAT Registration • Mayor's Permit • Financial Statement 		
Authorized Capital:			
Subscribed Capital:			
Paid-Up Capital:			
Number of Employees:			
Company Officers			
President:			Purchaser:
General Manager:			Accountant:
Trade Reference (suppliers)			
Supplier	Contact Person	Phone No.	Terms
Bank Reference			
Bank Name/Branch	Contact Person	Phone No.	Account No.

Terms and Conditions:

1. Terms will be given only after approval of application with proper documentations and after credit investigation.
2. Only checks with the accredited account numbers specified in the bank reference will be accepted.

I certify that all the information provided above are true and correct. I hereby authorized COMPLINK MARKETING, INC. Perform the necessary investigation on the above information.

Name: _____

Date: _____

Signature: _____

Position: _____

Acknowledge by: _____