



BNC INGREDIENTS CORPORATION

CREDIT APPLICATION FORM (CAF)

COMPANY / REQUESTOR INFORMATION

Company Name:

Contact Numbers (Landline and Mobile Number) :

Requestor's Name and Position:

E-mail Address:

Accounting Officer's Name and Position:

Contact Numbers (Landline and Mobile Number) :

E-mail Address:

CREDIT ACCOUNT INFORMATION

Existing Credit Limit/ Terms:

Requested Credit Limit/Terms:

Reason For Request:

SUPPLIER REFERENCES (PLEASE PROVIDE AT LEAST 2)

Company:

Contact Person:

Contact Number:

BNC Remarks:

Company:

Contact Person:

Contact Number:

BNC Remarks:

REQUIREMENTS

- DTI/SEC Registration
- BIR Form 2303 (Certificate of Registration)
- Business Permit with Billing Assessment
- Income Tax Return 1702 or 1701 (Latest)
- Financial Statements
- General Information Sheet (Latest)
- Map of Office and Delivery Address

THIS PORTION IS FOR BNC USE ONLY

Purchases Last Year:

Status:

Approved

Declined

Pending

Ongoing and Potential Business:

Approved by:

Date:

Approved Credit Limit/Terms:

Encoded by:

Date:



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AUTHORIZATION

This is to authorize BNC Ingredients Corporation to verify the details of the account(s) listed

Bank and Branch:	Account Name*:	Account Number:	Account Type:	Contact Person:	Contact Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Company Accounts only*

Very truly yours,

Date:

Name and Signature of Company Authorized Signatory

Company

Thank you for taking your time in completing this form! We look forward to serving you!