



BNC MACHINERIES CORPORATION

CUSTOMER INFORMATION SHEET

COMPANY PROFILE

Company Name:

Year Established:

Address (Office):

TIN Number:

Contact Person:

Phone Numbers:

Telephone Numbers:

Address (Plant):

Fax Number:

Contact Person:

Phone Numbers:

Email Address:

Type of Ownership

Sole Proprietorship Partnership Corporation

(Name of person/entity with controlling interest)

Nature of Business

Manufacturing Trading Others, please specify:

Products

KEY OFFICERS

Position	Name	E-mail Address	Direct Telephone 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"/>	<input type="text"/>	<input type="text"/>

OPERATIONS

Products of Interest	Volume	Current Supplier	Contact Person	Telephone 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"/>



BNC MACHINERIES CORPORATION

CUSTOMER INFORMATION SHEET

LOGISTICS: RECEIVING

Day(s)

Mon Tues Wed Thurs Fri Sat

Time Starts:

Up to:

FINANCE: BANK REFERENCES

Bank and Branch:

Account Name*:

Account Number:

Telephone Number:

Contact Person:

<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

COLLECTION

Day(s)

Mon Tues Wed Thurs Fri Sat

Time:

Contact Person and Phone Number:

Payment Method:

INVOICE COUNTERING

Day(s)

Mon Tues Wed Thurs Fri Sat

Time:

Contact Person and Phone Number:

I certify that all above information is true and correct.

Printed Name and Signature of Representative

Date

REQUIREMENTS

- Company Profile
- 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

Received by:

Customer Code:

Reviewed by:

Account Executive Code:

Approved by:

Credit Limit:

Encoded by:

Credit Terms:

Important: Please fax your completed form to +63(2)8452265 or e-mail to customerservice@bnc.com.ph.



BNC MACHINERIES CORPORATION

CUSTOMER INFORMATION SHEET (CIS)

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!