

BUSINESS CUSTOMER INFORMATION FORM

Date Accomplished/Signed: ___/___/___

NEW CUSTOMER CUSTOMER RECORDS UPDATE (for existing customer only)

BASIC CUSTOMER INFORMATION

Customer/Business Name:	Main Telephone No./Trunkline:
	Fax No.:
	Business Email Address:
	Website (if any):

Business Address:

Block & Lot #	Room/Unit/Door/Stall#	Floor	Building	Street
Subdivision/Village	Baranggay	City/Town	Province	

Years in Operation:	Business Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Government	Industry Type:
Type of Business (<i>check only one</i>) <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		
SEC Registration No.	SEC Registration No.	

AUTHORIZED SIGNATORY INFORMATION

Name of Authorized Signatory:	Position:	Signature:
Contact Nos. (Landline): <small>Area Code Tel no</small>	Mobile No:	Email Address:
ID Presented:		
Company ID; ID No. _____	Passport; ID No. _____	PRC ID No. _____
Driver's License; ID No. _____	SSS/GSIS; ID No. _____	Others _____

CONTACT DETAILS FOR BILLING & ACCOUNT RECEIVABLES

Billing Address (if different from Business Address):

Block & Lot #	Room/Unit/Door/Stall#	Floor	Building	Street
Subdivision/Village	Baranggay	City/Town	Province	

MAJOR SUPPLIERS DATA

Name of Supplier	Terms	Limit	Length of Dealings	Contact Person	Contact #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

BANK REFERENCES

Bank Name	Account Name	Account Number	Branch
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

DOCUMENTARY REQUIREMENTS

1. Business Documentary Requirements

DTI Registration;
Business Permit and
SEC Registration

2. Proof of Identification of Authorized Signatory

Company ID and;
Any government issued ID

DOCUMENTARY REQUIREMENTS

I hereby declare that all the above information and documents submitted are true and correct to my own knowledge. I hereby authorized Lightforce Corporation to verify any of the above given information from whatever source it may consider appropriate. Any misrepresentation on the above information shall constitute a just cause for the rejection of my application or the termination of my contract with the Company.

Authorized Signatory/Signature above Printed Name

Position

Date

TO BE FILLED OUT BY LIGHTFORCE AUTHORIZED SALES PERSONNEL

Initial Computed Contract Price: _____

FOR CREDIT USE ONLY

Evaluated by: _____
Accounting Personnel (Sign over Printed Name)

Date: _____

Approved

Disapproved

Notes: _____

Approved by: Signature above Printed Name