

# Pingcon Marketing Corporation

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## CLIENT INFORMATION FORM

Client Information Form <mailto:sales@bonitatissue.com>

**Instruction: Please write legibly all pertinent information in the space provided.**

Business Name :	
Business Address:	
Tel. No. :	
Fax No. :	
TIN No. :	
SEC Registry No.:	

**1. Type of Business Organization ( Please check )**

Corporation	<input type="checkbox"/>	Date of Incorporation:	
Partnership	<input type="checkbox"/>	Date of Organization:	
Single Proprietorship	<input type="checkbox"/>	Date of Organization:	
Cooperative	<input type="checkbox"/>	Date of Organization:	

**2. Names and Addresses of Incorporators / General Partners / Owners:**

Name	Address

3. How many years has your organization been in business as a contractor / supplier?

**4. Please list at least three major suppliers, contact person & contact nos.:**

Supplier	Contact Person	Contact Number

**5. Please the Top 3 customers, contact person & contact nos.:**

Company	Contact Person	Contact Number

**6. Please list Bank References & contact nos.:**

Bank	Contact Person	Contact Number

**7. ACCREDITATION REQUIREMENTS ( Please submit the following together with this form)**

- Current Municipal / City Permit
- For: a.) Single Proprietorship - Registration of Business Name with DTI / b.) Corporation - Articles of Incorporation and By-Laws from the SEC
- Comparative Financial Statements for the last 2 years inclusive of Income Tax Return
- Sketch of the company location
- For newly organized business within the year, at least Balance Sheet and BIR Certificate of Registration must be submitted.

Name:	
Signature:	
Position	
Date:	

*I certify that the above information is true, complete and correct. I understand that any misrepresentation or material omission made herein or in any other document requested by Pingcon Marketing Corporation renders this accreditation null and void.*