



Lot 1 Block 12 Dasmariñas technopark.
 Governor's Drive. Paliparan Dasmariñas, Cavite
 Tel No. (046) 853-27007
 Telafax: (02) 520-8036 / 520-8715

CUSTOMER INFORMATION SHEET

| | |
|-----------------|---------------------------|
| COMPANY | |
| ADDRESS | |
| TEL. NO. | FAX NO. |
| TIN NO. | NATURE OF BUSINESS |

KEY PERSONNEL

| |
|---------------------------|
| PRESEDENT |
| VP-FINANCE |
| PURCHASING MANAGER |
| ACCOUNTANT |
| TREASURER |
| FOLLOW-UP PAYMENT |

BANK REFERENCE

| | |
|-----------------------|-----------------|
| BANK | BRANCH |
| ACCOUNT NUMBER | TEL. NO. |
| BANK | BRANCH |
| ACCOUNT NUMBER | TEL. NO. |
| BANK | BRANCH |
| ACCOUNT NUMBER | TEL. NO. |

SUPPLIER REFERENCE

| | |
|----------------|-----------------------|
| NAME | TEL. NO. |
| ADDRESS | CANTACT PERSON |
| NAME | TEL. NO. |
| ADDRESS | CANTACT PERSON |
| NAME | TEL. NO. |
| ADDRESS | CANTACT PERSON |

Please attach photocopy of the following documents: (if possible)

- () Securities and Exchange Commission
- () Business Name
- () Taxpayer's Identification Number
- () CBW Registration
- () BOI Registration
- () VAT Registration
- () Philexport Registration

COLLECTION DAYS _____ COUNTER DAYS _____

| |
|--|
| To be filled by Betafoam Corporation: CREDIT TERMS: _____ CREDIT LIMIT: _____ CREDIT FINDINGS: _____ _____ Account Executive Approved by: _____ |
|--|

FORM ACCOMPLISHED BY:

 Signature over printed name

 Position

 Date