BNC INGREDIENTS CORPORATION

Customer Information Sheet

COMPANY PROFILE

Company Name:

Year Established:

Address (Office):

TIN Number:

Tel Number:

Address (Plant):

Fax Number:

Email Address:

Nature of Business

☐ Manufacturing ☐ Trading ☐ Others (Please Specify)

Type of Ownership

☐ Sole Proprietorship ☐ Partnership ☐ Corporation (Please Specify)

KEY OFFICER

Position	Name	E-mail Address	Direct Tel No.
President/CEO/Gen.mgr			
CFO/Finance Manager			
SCM/Purchasing Manager			
Account Payable Manager			
Warehouse/Logistics Manage			

OPERATIONS

Products of Interest	Monthly Requirement	Current Supplier	Telephone Number

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LOGISTICS:RECEIVING

Frequently

☐ Daily ☐ Weekly ☐ Monthly

Day(s)

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Delivery Address:

Time: Starts:

Up to:

FINANCE:BANK REFERENCE

Bank:	Branch:	Account Name:	Account No:	Tel No:

COLLECTION

Day(s)

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Time:

Address:

INVOICE COUNTERING

Day(s)

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Time:

Address:

Other Remarks:

THIS PORTION IS FOR BNC USE ONLY

Received By:

Date:

Reviewed By:

Date:

Credit Limit:

Credit Terms:

Approved By:

Date:

Encoded By:

Credit Terms:

BNC INGREDIENTS CORPORATION

Customer Information Sheet

AUTHORIZATION

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

Bank/Bank:	Account Name:	Account Number:	Account Type:	Contact Person:	Contact Number:

Very truly yours,

Date:

Name and Signature of Company Authorized Signatory

Company

REQUIREMENTS

Please attach copies of the following documents:

Business Permit
SEC/DTI Registration
BIR Registration
General Info Sheet

Important: Please fax the filled up form to +63(2)8452265 or e-mail to info@bnc.com.ph.