

CUSTOMER INFORMATION FORM

GENERAL INFORMATION

COMPANY NAME :	_____	Date :	_____
Contact Person :	_____	Tel. No. :	_____
ADDRESS :	_____	Fax No. :	_____
Main Office :	_____	Email :	_____
Plant :	_____		
Branch :	_____		

COMPANY PROFILE

Nature of Business :	_____		
Type of Business :	_____		
	<input type="checkbox"/> Single Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
DTI / SEC Registration No. :	_____	Date Registered :	_____
TIN No. :	_____		
Number of Years in Operation :	_____	Number of Employees :	_____
Affiliate Companies :	_____		
OFFICERS:			
President :	_____		
General Manager :	_____		
Treasurer / Controller :	_____		
Purchasing Manager :	_____		
Accounting Manager :	_____		

OTHER INFORMATION

How did you come to know about our brand/products ? _____

What item(s) are you interested in ? _____

Where do you intend to sell it or use it ? _____

What is your estimated quantity of purchase ?

Weekly : _____ Monthly : _____ Others, pls. specify : _____

INFORMATION PROVIDED BY : _____

Designation : _____

Signature : _____

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FOR SUPERBCATCH, INC.'s USE ONLY

Assisted By:	Approved By:	REMARKS:
_____	_____	_____
Admin Assistant	Marketing Manager	_____
