

APPLICATION FOR COMPANY ACCREDITATION

_with Company Guarantee _____w/o Company Guarantee

COMPANY NAME:				
OFFICE / BUS. ADDRESS:				
TEL. NO.:	YRS. IN ABOVE ADD: _	OWNED:	RENTED:	
PLANT ADDRESS:				
NATURE OF BUSINESS:	YRS. IN BUSINESS:			
SUBSIDIARIES:				
EQUITY PROFILE		PRODUCT / SEF	RVICES OFFERED:	
Authorized Capital Stock: _				
Subscribed Capital:				
Paid-up Capital Stock:				

PAYROLL DETAILS

Payroll Date	Period Covered	Deduction Cut-Off	Preferred Billing Cycle
Pay 1			
Pay 2			

EMPLOYEE PROFILE RANK/ SALARY RANGE **ATTRITION** HEAD AVERAGE POSITION LOW COUNT HIGH TENURE RATE

MANAGEMENT PROFILE & AUTHORIZED SIGNATORIES

Name of Officer	Position / Rank	Birthdate (MM/DD/YY)	Salary Loan Signatory? (Y/N)

TRADE REFERENCES

Name of Customer	Contact Person	Contact No.
Name of Supplier	Contact Person	Contact No.

DEPOSITS

Name of Bank	Branch	Type	Account No.	Contact Person	Contact no.

CREDIT REFERENCES

Bank	Facility	Amount/OB	Credit Line/Term	Contact Person	Contact no.

The information contained herein are in all respect true and correct, and I/we authorize you to act upon or use the same as basis of our evaluation and information.