



CUSTOMER APPLICATION FORM

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TYPE OF APPLICATION:

NEW
 RENEWAL

CLASSIFICATION OF CUSTOMER:

DISTRIBUTOR
 MODERN TRADE/KEY ACCOUNT
 DEALER/WHOLESALER
 WALK-IN
 PRIFOOD EMPLOYEE
 INSTI-PACK DEALER

For the purpose of obtaining credit from Prifood Corporation we make the following representations:

GENERAL INFORMATION (Attach Pertinent Documents)		Date:	
Business Name:		Customer Account Code:	
TIN:		Contact Nos.	
Business Address:		Contact Person:	Designation:
Delivery Address:			

CAPITALIZATION	YEAR ESTABLISHED
Single Proprietorship:	
Partnership:	
Corporation (Paid-up Capital) :	

OWNERSHIP: Single Proprietorship/ Partners/ Stockholders		
NAME	DESIGNATION	CONTACT NUMBER

BANK REFERENCES:		
NAME	BRANCH	ACCOUNT NUMBER

TRADE REFERENCES:		
SUPPLIER NAME	CONTACT PERSON	CONTACT NUMBER

Complete Name of Applicant:	Designation:	Signature:

<u>FOR PRIFOOD CORPORATION USE ONLY</u>			
<u>Sales Department</u>		<u>Accounting Department</u>	
Received/Reviewed by:	Average Monthly Target:	Php	Received/Reviewed by:
	Payment Term:		
Position:	Date:		Date:
<u>TOP MANAGEMENT</u>			
Approved by:			
Date:			