

Business Name				Business Address			
Nature of Business:				Industry Code: Industry Classification: <i>[To be filled up by DLC]</i>			
Contact Person/Position:		Telephone Nos.:		Fax Nos.:		Email Address:	
Business Entity: <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Domestic Corporation <input type="checkbox"/> Multinational Corporation <input type="checkbox"/> Others: _____							
Date of SEC/ DTI Registration:				Start of Operations:			
Product Lines:		Trade Name		Trademarks/Patents Owned (if any):			
Authorized Capital Stock:		Per last Audited FS		External Auditors:			
Paid-up Capital Stock:		Total Sales:		SEC Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Net Income:		BSP Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Credit Application : <input type="checkbox"/> Lease <input type="checkbox"/> Sale/ Leaseback <input type="checkbox"/> Term Loan <input type="checkbox"/> Receivables Discounting <input type="checkbox"/> _____							
Amount of Application:				If Lease, Type of Equipment:			
Purpose:							
Name of Stockholder/ Owner		Citizenship	Birth Date	% Ownership	Name of Officers/ Directors		Position
Name of Affiliate/ Subsidiaries				Address			
OPERATING FACILITIES							
Main Office		Plant/ Factory		Warehouse			
Location :		Location :		Location :			
<input type="checkbox"/> Owned		<input type="checkbox"/> Owned		<input type="checkbox"/> Owned			
<input type="checkbox"/> Mortgaged with _____		<input type="checkbox"/> Mortgaged with _____		<input type="checkbox"/> Mortgaged with _____			
<input type="checkbox"/> Leased from _____		<input type="checkbox"/> Leased from _____		<input type="checkbox"/> Leased from _____			
Expiry Date: _____ Mo. Rental _____		Expiry Date: _____ Mo. Rental _____		Expiry Date: _____ Mo. Rental _____			
VEHICLES & EQUIPMENT (Please provide separate sheet, if necessary)							
Make/Model/Type		No. of Units	Owned?(Y/N)	Mortgaged To:		Leased From:	
MANPOWER COMPLEMENT							
Regular:	Contractual:	No. of Shifts:	Unionized: <input type="checkbox"/> Yes <input type="checkbox"/> No		CBA <input type="checkbox"/> None <input type="checkbox"/> Existing/Expiry _____		
DEPOSITORY BANKS/ CREDITORS (Please provide separate sheet, if necessary)							
Name of Bank/ Financial Institution/ Branch		Type of Deposit (Including Acct. No.)	Type of Loans/ Facility/ Amount		Contact Person	Address/Tel./Fax Nos.	
TRADE SUPPLIERS (Please provide separate sheet, if necessary)							
Name	Credit Line	Credit Terms	Items Purchased/ Services	Average Mo. Volume	Contact Person	Address/Tel./Fax Nos.	
1.							
2.							
3.							
4.							
5.							
PRINCIPAL CUSTOMERS (Please provide separate sheet, if necessary)							
Name	Credit Line	Credit Terms	Items Purchased/ Services	Average Mo. Volume	Contact Person	Address/Tel./Fax Nos.	
1.							
2.							
3.							
4.							
5.							

I / We certify that all information given above are true and correct to the best of my knowledge. I / We are giving the above information for the purpose of obtaining credit from **DBP LEASING CORP.**
 I / We hereby authorize **DBP LEASING CORP.** to obtain information from any financial institution as well as from our suppliers and customers concerning my/ our credit history and any statement made herein. Pursuant to Bangko Sentral ng Pilipinas (BSP) circular 472 dated February 1, 2005, I / We hereby execute a Waiver of Confidentiality of Information authorizing **DBP LEASING CORP.** to conduct random verification with the Bureau of Internal Revenue (BIR) for purposes of establishing the authenticity of the Income Tax Return (ITR) and accompanying financial statements submitted by us.

 Authorized Signature/s
 Name: _____

Position: _____

Date _____