

Name of GOCC			Office Address			
Nature / Line of Business:			Industry Code:		Industry Classification:	
Attached Agency:			[To be filled up by DLC]		Email Address:	
Contact Person/Position:		Telephone Nos.:	Fax Nos.:	VAT Registered: [] Yes [] No		
SEC Reg. No or Charter No.:	Tax Identification No.:	Date of SEC/ DTI Registration:	Start of Operations:	Product Lines:		
Authorized Capital Stock:	Per last Audited FS	Trade Name:	Trademarks/Patents Owned (if any):			
Paid-up Capital Stock:	Total Sales:	External Auditors:	SEC Accredited? [] Yes [] No	BSP Accredited? [] Yes [] No		
Net Income:	Type of Credit Application : [] Lease [] Sale/ Leaseback [] Term Loan [] Receivables Discounting [] _____	Amount of Application:				
Purpose:	If Lease, Type of Equipment:	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 : _____ [] Owned [] Mortgaged with _____ [] Leased from _____ Expiry Date: _____ Mo. Rental _____		Location : _____ [] Owned [] Mortgaged with _____ [] Leased from _____ Expiry Date: _____ Mo. Rental _____		Location : _____ [] Owned [] Mortgaged with _____ [] Leased from _____ 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: [] Yes [] No	CBA [] None [] 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 Monthly 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 Monthly 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 _____