



**CLIENTS INFORMATION SHEET**

<b>Business Name / Company Name</b>			
<b>Address</b>			
<b>Telephone</b>		<b>Fax No.</b>	
<b>E-mail</b>			
<b>FORM OF BUSINESS ORGANIZATION</b>			
<input type="checkbox"/> Single Proprietorshi <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
<b>SEC No.</b>		<b>VAT</b>	
<b>YEAR ESTABLISHED</b>		<b>NO. OF EMPLOYEES</b>	
<b>KEY PERSONNEL</b>			
<b>Position</b>	<b>CONTACT PERSON</b>		<b>Birth Date</b>
President/ Gen. Manager			
Finance Manager			
Traffic Manager			
<b>Nature of Business</b>			
Shipping Information (Commodity, Import/Export, Terms of Shipment, Origin Destination, Etc.)			
<b>BANKING INFORMATION</b>			
<b>Depository Bank</b>	<b>Branch</b>		<b>Acct. no.</b>
<b>CHECK SIGNATORIES</b>			
<b>Name</b>	<b>Position</b>	<b>Specimen Signature</b>	
<b>OTHER INFORMATION</b>			
<b>Date Filed</b>			
<b>Filed by</b>			