



Main Office: Pinamarbuan, Mobo, Masbate
 Satellite Office: 2249 Payatas Road, Brgy. Commonwealth, Quezon City
 Tel No: (056) 333-1258

ACCREDITATION FORM

Please do not fill out this portion

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Customer Number

CUSTOMER INFORMATION																							
BUSINESS NAME:		Date:																					
		Company Anniversary:																					
Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others: _____																							
BUSINESS ADDRESS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented																							
(Bldg./Street No.)	(Street)	(Brgy.)	(Town/City) (Province) (Zip Code)																				
BUSINESS CONTACT NUMBERS:		Email Address:																					
(Telephone No.)	(Fax No.)	(Mobile No.)	(Email Address)																				
Tax Identification No. (TIN)	<table border="1"> <tr> <td> </td><td> </td> </tr> </table>																						
CUSTOMER PROFILE																							
SOLE PROPRIETORSHIP																							
OWNER:		Birth date (MM/DD/YY):																					
HOME ADDRESS: <input type="checkbox"/> Owned <input type="checkbox"/> Rented																							
(Bldg./Street No.)	(Street)	(Brgy.)	(Town/City) (Province) (Zip Code)																				
CONTACT NUMBERS:		Email Address:																					
(Telephone No.)	(Mobile No.)	(Email Address)																					
CIVIL STATUS:		NATIONALITY:																					
Name of Spouse:		If employed, indicate name of employer:																					
FOR PARTNERSHIPS AND CORPORATION																							
Name of Directors / Officers	Name	Position	Birth date (MM/DD/YY)																				
REFERENCES																							
BANK REFERENCES (indicate at least 1 bank reference)***																							
Bank/Branch: _____																							
(Account Type)	(Account No.)	(Bank Contact Person)	(Contact No.)																				
Bank/Branch: _____																							
(Account Type)	(Account No.)	(Bank Contact Person)	(Contact No.)																				
TRADE/CREDIT REFERENCES (indicate at least 3 customers)																							
Customer Name	Credit Line/Credit Term	Contact Person	Contact No.																				

DATA CONSENT FORM

I/We, the **CUSTOMER** and undersigned, hereby consent to **Arky Construction and Supply**, continuous collecting, processing, storing, and/or sharing our information, including personal and sensitive data, for legitimate and lawful purposes such as transaction processing, legal compliance, internal policies, and the like. I/We understand my/our information may be kept as long as necessary, usually for the duration of our contractual relationship and as legally required. I/We acknowledge that the Company takes measures to protect our information and that we are responsible for its accuracy. I/We agree that any false information may lead to legal action. For updates or to withdraw my/our consent, I/we may contact the Data Protection Officer at info@arkyconstruct.com.

I/We confirm that I/we have obtained consent from any third parties whose information I/we provide and will indemnify the Company for any claims related to such disclosures. By signing, I/we agree to the collection, use, and processing of our personal information as described.

I/We shall likewise abide by the Company's policies laid below and certify that all the information disclosed in this document are true and correct.

SIGNATORIES		
SOLE PROPRIETORSHIP		
PROPRIETOR	SPOUSE	GUARANTOR*
Signature over printed name / Date	Signature over printed name / Date	Signature over printed name / Date
PARTNERSHIP/CORPORATION (Authorized Representatives**)		
SIGNATORIES FOR PURCHASE ORDERS	SIGNATORIES FOR ISSUED CHECKS	OTHER AUTHORIZED REPRESENTATIVE
Signature over printed name / Position / Date	Signature over printed name / Position / Date	Signature over printed name / Position / Date
Signature over printed name / Position / Date	Signature over printed name / Position / Date	Signature over printed name / Position / Date
CHECKLIST OF REQUIRED DOCUMENTS		
General Requirements <input type="checkbox"/> TAX IDENTIFICATION NUMBER (TIN)	Term Requirements <u>Sole Proprietorship</u> <input type="checkbox"/> BIR 2303 <input type="checkbox"/> Current Mayors Permit <input type="checkbox"/> Bank Statement or Financial Statement	<u>Corporation / Partnership</u> <input type="checkbox"/> BIR 2303 <input type="checkbox"/> Current Mayors Permit <input type="checkbox"/> Bank Statement or Financial Statement <input type="checkbox"/> General Information Sheet
ENDORSED BY (Purchasing Manager): <div style="border-top: 1px solid black; width: 100%; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Signature over printed name Date </div>	APPROVED BY (General Manager): <div style="border-top: 1px solid black; width: 100%; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Signature over printed name Date </div>	