



MEMBERSHIP APPLICATION FORM

Tell us about yourself

| | | |
|--|-----------------------------------|----------------------------------|
| Last Name | First Name | Middle Name |
| | | |
| Home Address | City | Postal / Zip Code |
| | | |
| Provincial Address | City | Postal / Zip Code |
| | | |
| Billing Address | TIN Number | SSS Number |
| <input type="checkbox"/> Home <input type="checkbox"/> Business | | |
| Residence Type | Length of Stay at Present Address | If Rent, Monthly Housing Payment |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Housing | | |
| Home Phone | Mobile Number | Date of Birth |
| | | |

| |
|-------|
| Photo |
| 1 x 1 |

| | | |
|--------|-------------------------------|---------------------------------|
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|--------|-------------------------------|---------------------------------|

| | |
|--------|--|
| Status | <input type="checkbox"/> Single |
| | <input type="checkbox"/> Married |
| | <input type="checkbox"/> Legally Separated |
| | <input type="checkbox"/> Widowed |

Mother's Maiden Name/Security Password

| |
|--|
| |
|--|

Use letters only. Remember this confidential password to ensure proper identification when you call

Your spouse

| | | |
|------------------------|--------------------|----------------|
| Spouse Name | Occupation | TIN |
| | | |
| Employer/Business Name | Yrs. with Company | Monthly Salary |
| | | |
| Business Address | Business Telephone | |
| | | |

Your occupation and finances

| | | | |
|--|------------------------|----------|-------------------|
| Occupation | Employer/Business Name | Position | Yrs. with Company |
| <input type="checkbox"/> Self-employed | | | |
| <input type="checkbox"/> Employed | | | |
| <input type="checkbox"/> Retired | | | |
| Others _____ | | | |
| Business Address | Business Telephone | | |
| | | | |

Monthly Income

| | | | |
|---------------------------------------|---------------------|-------------|---|
| Personal Income: Php _____ | Savings Account At | Account No. | Credit Cards |
| Spouse: Php _____ | | | <input type="checkbox"/> Visa, No. _____ |
| Other Sources: Php _____ | Checking Account At | Account No. | <input type="checkbox"/> Mastercard No. _____ |
| Total Gross Monthly Income: Php _____ | | | <input type="checkbox"/> Others, No. _____ |

Co-maker's data

| | | | |
|------------------------------------|------------|------------|-----------------------|
| Co-maker's Name | Address | TIN | Mobile Number |
| | | | |
| Employer/Business Name and Address | Work Phone | Home Phone | Relation to Applicant |
| | | | |

I hold myself jointly and severally liable for all obligations, charges and liabilities incurred through the use of my principal card and extension card(s). I certify that the foregoing facts are true and correct. I authorize PurchasePlus to verify and investigate them for whatever sources you may deem appropriate, and agree to the sharing and exchange of credit information concerning me/us. I hereby agree to be governed by the "TERMS AND CONDITIONS OF THE USE AND ISSUANCE OF PURCHASEPLUS INSTALLMENT CREDIT."

I hereby agree to be the co-maker of the applicant and hold myself jointly and solidarily liable with the applicant. I hereby certify that the foregoing facts are true and correct. It is also understood that I have no objections of any nature to whatever inquiries or investigation that you might take in connection with this statement. I also signify my agreement to the "TERMS AND CONDITIONS OF THE USE AND ISSUANCE OF PURCHASEPLUS INSTALLMENT CREDIT."

Signature of Applicant _____ Date _____

Signature of Co-Maker _____ Date _____

FOR PURCHASEPLUS USE ONLY

| |
|-------------------|
| Approved _____ |
| Disapproved _____ |
| Deferred _____ |

| |
|------------------------------|
| Date of Issue _____ |
| Chargebook Expiry Date _____ |
| Area Code _____ |

| |
|--------------------|
| Referred by _____ |
| Processed by _____ |
| Remarks _____ |