

BENCHMARK CORPORATE CENTER

Ground Floor Gervacia Center 152 Amorsolo St. Legaspi Village, Makati City 1200 Philippines TIN 110-227-542-000 VAT Telefax: (632) 812-7177, 812-3277
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SUBSCRIBER APPLICATION FORM

Subscriber Information:

Is contract in personal \Box or company name \Box	If company, local \square or foreign \square
Name of Contract Signatory:	Designation
Address of Signatory (Local):	
(Foreign):	
Tel. No. (Local):	(Foreign) :
Fax No. (Local):	(Foreign) :
Mobile No. (Local):	(Foreign) :
Res. No.:	Email:
Company Name:	
Nature of Business:	
Head Office Address:	
Tel. No	Fax No. :
Website/URL:	Email:
Any of the following should be submitted: (Photo	сору)
For Individual or Corporate account:	
\square SSS ID or TIN ID \square Driver's Licenteen Driver	nse Passport
If Local Company or representative office:	
☐ SEC documents ☐ DTI License	Latest Community Tax Cert. (if any)

	Letter of Authorization from	nead Office		
	Subscription Plan	Length of Contract	Manner of Paymen	
	☐ Basic Service	\Box 3 months	☐ Quarterly	
	☐ Basic Service Plus	□ 6 months	□ Semiannual	
	□ Superior Service	□ 1 year	□ Annual	
		ordinate with the Business Cen		
Full authority contact person (s)			Contact Detail (s)	
The	subscriber heard about Benchma	ark Corporate Center through: _		

If multinational corporation:

Basic Service or Superior Service Plan Subscribers

Service Details To allow us to serve you better, please provide the following:				
1.	Brief message response for incoming calls when you are not present:			
2.	If your contract provides for your own telephone number, please provide handling instructions:			
3.	Do you require:			
	a. Additional dedicated storage space? □ Cabinet □ File Drawer			
	b. Signage listing? □ Yes □ No			
4.	Do you need initial documents preparation?			
	a. Logo design, scanning \Box yes \Box no			
	b. Business Cards □ Yes □ No			
	c. Letterheads, envelopes \Box Yes \Box No			
5.	Would you like BCC senior management to provide a free initial assessment of how they			
	may help you or your business? \Box Yes \Box No			
Si	gnature over Printed Name Date			