



ROCKWELL LAND

ROCKWELL RETAIL CENTER
APPLICATION FORM

Trade Name : _____

Business Name: _____

Business Address: _____

Telephone Number(s): _____

Fax Number(s) : _____

Mobile or Pager : _____

Type of Business Organization (Please check appropriate box)

Single Proprietorship

Partnership

Corporation

Capitalization: _____

If corporation, please indicate the following

Authorized capital _____

Paid-up capital _____

Subscribed capital _____

Number of years in business: _____

PRINCIPAL PARTNERS/OFFICERS/ DIRECTORS:

<u>Name</u>	<u>Position</u>	<u>Citizenship</u>

Nature of Business: (Please check appropriate box)

Retail

Food & Beverages

Entertainment

Services

Others (specify) _____

Principal product(s)/Service(s) offered

Are you a franchise holder?

Yes

No

Name of Franchisor: _____

Are you a dealer / distributor?

Yes

No

Name of Principal: _____

General Store Concept:



Continuation

Estimated Monthly Sales: _____

Target Customer: _____

Major source of merchandise/products

- Supplier(s) Importation In-housing
 Others (specify) _____

Retail space required (square meters) _____

Outlets/branches (Indicate locations/use blank sheet if necessary)

Bank References

<u>Name of Bank</u>	<u>Address</u>	<u>Type of Account</u>
_____	_____	_____
_____	_____	_____

Other credit references

Name of Owner/Applicant _____

Residential Address _____

Telephone Number(s) _____

Date of Birth _____

Citizenship _____

Civil Status _____

Name of Spouse _____

Contact Person _____

Position _____

Telephone Number(s) _____

I hereby certify that the foregoing information are true and correct and that I authorize ROCKWELL LAND CORPORATION to check the veracity of same.

Date

Applicant's Name in Print

Signature of Applicant