



<input type="checkbox"/> DEALER <input type="checkbox"/> LOAN CONSULTANT REFERRED BY: _____	PRODUCT ORIENTATION DONE BY: _____ DATE: _____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DECLINED BY: _____
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Application Requirements:

1. Duly filled-out Application Form
2. One (1) valid ID
3. Business Permit (for dealership)

All information will be treated confidential.

Personal Details:

Name: _____
(Surname) (First Name) (Middle)

Birthday: _____ Age: _____ Gender: _____ Civil Status: _____

Spouse Name: _____
(Surname) (First Name) (Middle)

Birthday: _____ Age: _____ Gender: _____

City Address : _____ Length of Stay: _____
(No./Street) (Brgy) (City/Province)

Provincial Address: _____
(No./Street) (Brgy) (City/Province)

Contact Number/s: _____ SSS Number : _____
Email Address: _____ TIN: _____

Business/ Work Information

Business/Employer's Name: _____

Address: _____

Employer/Business Contact No.: _____

Relative References (Parents, Brothers, Sisters Etc)

Name	Age	Relationship	Contact No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Important Information

Where to Deposit Commission

Bank Name: _____

Bank Branch: _____

Account Number: _____

Account Name: _____

I hereby certify that all the above information are true and correct to the best of my knowledge. Declared information are given for the purpose of obtaining an accreditation and hereby authorize Encore Leasing And Finance Corp. to obtain information concerning any statement made herein. I also agree that any FALSE INFORMATION furnished will be a sufficient cause for REJECTION for this application or DISACCREDITATION in case of discovery after I have been accredited.

Signature Over Printed Name

Date