

TAMBO REALTY CORPORATION

CLIENT'S INFORMATION SHEET

PRINCIPAL								
NAME:		<input type="checkbox"/> MR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> MISS	SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
LAST NAME		FIRST NAME		MIDDLE NAME				
BIRTHDATE:		BIRTHPLACE:						
NATIONALITY:		<input type="checkbox"/> FILIPINO	OTHERS, PLS. SPECIFY:					
STATUS:		<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOW	<input type="checkbox"/> SEPARATED			
NO. OF DEPENDENTS:		AGES:						
HOME ADDRESS:						<input type="checkbox"/> OWNED	<input type="checkbox"/> RENTED	
MAILING ADDRESS:				EMAIL ADDRESS:				
HOME TEL NO:		MOBILE NOS:						
SPOUSE / CO-BUYER								
LAST NAME:		FIRST NAME:		MIDDLE NAME:				
CITIZENSHIP:		BIRTHDATE:		EMAIL:		TEL:		

EMPLOYMENT STATUS			
PRINCIPAL - EMPLOYMENT DETAILS		SPOUSE/CO-BUYER - EMPLOYMENT DETAILS	
<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> RANK & FILE	<input type="checkbox"/> MANAGERIAL	
<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> PROFESSION	<input type="checkbox"/> OTHERS
BUSINESS/COMPANY NAME:		BUSINESS/COMPANY NAME:	
NATURE OF BUSINESS:		NATURE OF BUSINESS:	
BUSINESS ADDRESS:		BUSINESS ADDRESS:	
BUSINESS CONTACT NOS:		BUSINESS CONTACT NOS:	
EMPLOYMENT STATUS:	<input type="checkbox"/> PERMANENT	EMPLOYMENT STATUS:	<input type="checkbox"/> PERMANENT
	<input type="checkbox"/> PROBATIONAL		<input type="checkbox"/> PROBATIONAL
YEARS OF EMPLOYMENT/BUSINESS:		YEARS OF EMPLOYMENT/BUSINESS:	


INCOME DETAILS		
	PRINCIPAL	SPOUSE
BASIC SALARIES (MONTHLY)	Php	Php
BUSINESS INCOME (MONTHLY)	Php	Php
OTHER INCOME	Php	Php


AUTHORIZED REPRESENTATIVE / ATTORNEY-IN-FACT							
LAST NAME:		FIRST NAME:		MIDDLE NAME:			
CITIZENSHIP:		BIRTHDATE:		EMAIL:		TEL:	

I/WE HEREBY CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO MY/OUR KNOWLEDGE.
 ALL PAYMENTS MUST BE MADE TO: **TAMBO REALTY CORPORATION.**

 PRINCIPAL BUYER
 (SIGNATURE OVER PRINTED NAME)
 TIN NUMBER _____
 CTC/SEDULA NO. _____
 DATE/PLACE ISSUED _____

 SPOUSE/CO-BUYER
 (SIGNATURE OVER PRINTED NAME)
 TIN NUMBER _____
 CTC/SEDULA NO. _____
 DATE/PLACE ISSUED _____

		Control No.
		CLIENT CALL SLIP
		DATE:
CLIENT'S INFORMATION		
Client Name		Birthdate (mm/dd/yyyy)
Spouse Name		Birthdate (mm/dd/yyyy)
Civil Status	Gender	Citizenship
Home Address	Own	Rent
Telephone		Fax
WORK INFORMATION		
Company/ Business Name		Contact Number
Where did you learn about our project?		
Print <input type="checkbox"/>	Mall <input type="checkbox"/>	
Web <input type="checkbox"/>	Events <input type="checkbox"/>	
Agent/Broker <input type="checkbox"/>	Walk In <input type="checkbox"/>	
Billboard <input type="checkbox"/>	Referral <input type="checkbox"/>	
Flyer <input type="checkbox"/>	Roadshow <input type="checkbox"/>	
Others <input type="checkbox"/>		
Note: We value the marketing work of all our sales agents & brokers. To ensure the correct and proper crediting of sales, kindly affix your signature on this CALL SLIP. This gives your sales agent or broker the exclusive right to handle your account for 30 days.		
CLIENT SIGNATURE:		
I/WE hereby certify that all the information given herein is true and correct.		
Submitted By (SO):	Received & Encoded By (SC):	
Noted By (SM):	Date Received & Encoded:	

		Control No.
		CLIENT CALL SLIP
		DATE:
CLIENT'S INFORMATION		
Client Name		Birthdate (mm/dd/yyyy)
Spouse Name		Birthdate (mm/dd/yyyy)
Civil Status	Gender	Citizenship
Home Address	Own	Rent
Telephone		Fax
WORK INFORMATION		
Company/ Business Name		Contact Number
Where did you learn about our project?		
Print <input type="checkbox"/>	Mall <input type="checkbox"/>	
Web <input type="checkbox"/>	Events <input type="checkbox"/>	
Agent/Broker <input type="checkbox"/>	Walk In <input type="checkbox"/>	
Billboard <input type="checkbox"/>	Referral <input type="checkbox"/>	
Flyer <input type="checkbox"/>	Roadshow <input type="checkbox"/>	
Others <input type="checkbox"/>		
Note: We value the marketing work of all our sales agents & brokers. To ensure the correct and proper crediting of sales, kindly affix your signature on this CALL SLIP. This gives your sales agent or broker the exclusive right to handle your account for 30 days.		
CLIENT SIGNATURE:		
I/WE hereby certify that all the information given herein is true and correct.		
Submitted By (SO):	Received & Encoded By (SC):	
Noted By (SM):	Date Received & Encoded:	



NETWORK	
SD/BRKR	
S MANAGER	
S OFFICER	
MODE OF PYMNT	

**PYRAMID CONSTRUCTION AND DEVELOPMENT GROUP CORP.
QUOTATION SHEET**

CLIENT NAME:		DATE:	
SPOUSE NAME:			
FLOOR/LEVEL:	UNIT NO:	UNIT AREA:	CODE:
UNIT MODEL / UNIT TYPE :			

TOTAL CONTRACT PRICE	Php
LESS: PROMO	% Php
NET TOTAL CONTRACT PRICE	Php

DOWNPAYMENT	%	Php
LESS: RESERVATION FEE	Php	PAYABLE ON:
LESS: DISCOUNT	%	Php
NET DOWNPAYMENT DUE	Php	

PAYABLE AS FOLLOWS:									
COUNT	DATE	BANK	CHECK #	AMOUNT	COUNT	DATE	BANK	CHECK #	AMOUNT
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				

RETENTION	%	Php	
PAYABLE VIA		BANK FINANCING	IN-HOUSE FINANCING

CLIENT / SPOUSE
(SIGNED OVER PRINTED NAME)

SALES OFFICER / SALES MANAGER
(SIGNED OVER PRINTED NAME)

NOTED BY:

APPROVED BY:

PROJECT HEAD / SALES HEAD

PCDCG VP-MARKETING

NOTES: The Developer reserves the right to correct any figures appearing herein that may be found erroneous &/or inconsistent with the actual pricing &/or payment computations, wrong entries, or that which may have been inadvertently printed herein at the time of sale. All payments must be made to: PYRAMID CONSTRUCTION & DEVELOPMENT GROUP CORP. Under no circumstances must any Client entrust your PAYMENTS to any party except to duly designated/authorized representatives of PCDCG, and ask for your Official Receipt after 3 working days.

THIS IS A SAMPLE COMPUTATION SHEET AND IS SUBJECT TO PCDCG'S APPROVAL.