

POPSTYLE MANILA, INC. CUSTOMER APPLICATION FORM

PERSONAL INFORMATION

NAME

LAST NAME

FIRST NAME

MIDDLE INITIAL

OCCUPATION

COMPANY

WORK ADDRESS

HOME ADDRESS

DATE OF BIRTH

AGE

MOBILE

EMAIL ADDRESS

LANDLINE

BUSINESS INFORMATION

DELIVERY ADDRESS

(include zip code)

EMAIL ADDRESS

MOBILE

PREFERRED PAYMENT METHOD TO PSMI

Bank Deposit

Bank Transfer (Metrobank Acct)

HOW DID YOU HEAR ABOUT POPSTYLE MANILA?

Family / Friend (Pls specify) _____

E-Mail / Newsletter

Online Advertisements

Website (Pls specify)

Social Media (Facebook, Instagram, Twitter etc.)

Others: _____

I hereby certify that all information stated above is true and correct.

CUSTOMER CODE

Printed Name over Signature / Date

*to be filled in by PSMI

Email filled up form to popstylemanila@gmail.com