

SPGC MEMBERSHIP FORM

Saudi Pak Global Center
 602 - 6th Floor Al-Okaili Center
 Siteen Street JEDDAH SAUDI ARABIA
 PH: +966-2-651-8775

Contact Information		Billing Information	
Contact Name		AP Contact Name	
Company Name		Company Name	
Address		Address	
Phone		Phone	
Fax		Fax	
E-mail		E-mail	
General Company Information			
Federal Tax ID number		Principal Officer	
Chamber's Name & number		Title	
Legal Structure (check all that apply)			
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor	
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Non-Profit	
State Tax ID #		Cal Corp. #	
Reseller #		SIC Code	
In Business Since		Business Type	
Bank References		(for reference please see our policy matter)	
Bank Name		Bank Acct#/Type	
Bank Address		Bank City/State/Zip	
Bank Contact		Bank Phone	
Required Area one showroom <input type="checkbox"/> or ___ showrooms		Required Visas	Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/>
Payment Mode <i>Attach Cross Check by name our Company</i>		Period of Stay (year)	Two <input type="checkbox"/> Four <input type="checkbox"/> Six <input type="checkbox"/>
Total Funds required = ___ showrooms x ___ Years x 20,000 SR = _____ Saudi Riyals			
Trade References			
Company	Contact	Street	City State Phone
1.			
2.			
3.			
Signature & Authorization			
The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorize [Your Company Name] to contact the above references to determine credit worthiness.			
Signature		Date	
Print Name		Business Title	