



**CARIBBEAN CEMENT COMPANY LIMITED**  
**Sales & Marketing Department**  
**CUSTOMER APPLICATION FORM**

DATE: \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS TEL. NO. \_\_\_\_\_

BUSINESS FAX NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CERTIFICATE OF REGISTRATION # \_\_\_\_\_

NAME OF APPLICANT/  
 OWNER/MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TEL. NO. \_\_\_\_\_

NAME OF BANKER(S) \_\_\_\_\_

ADDRESS(ES) \_\_\_\_\_

NATURE OF BUSINESS: How long have you been in business? \_\_\_\_\_

Hardware Store  Contractor  Blockmaker  Special Project

\* Specify nature and duration of project \_\_\_\_\_

CURRENT SUPPLIER(S) \_\_\_\_\_

WEEKLY DEMAND \_\_\_\_\_ BAGS \_\_\_\_\_ BULK \_\_\_\_\_ JUMBO BAGS

STORAGE CAPACITY (sq.ft.) \_\_\_\_\_

LOCATION (If different from business address) \_\_\_\_\_

AREAS TO BE SUPPLIED \_\_\_\_\_

TRANSPORTATION:- OWNED  HIRED  LEASED

FOR BLOCK MANUFACTURERS ONLY  
 Are you certified by the Jamaica Bureau of Standard? YES  NO

STATE FUTURE PLANS FOR IMPROVEMENT/EXPANSION/BRANCHES  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**COMMENTS/RECOMMENDATIONS** \_\_\_\_\_  
 \_\_\_\_\_

**INTERVIEWED BY**                      **RECOMMENDED BY**                      **DATE APPROVED**      **ZONE**

Customer Service Rep.                      Marketing Manager                      \_\_\_\_\_                      \_\_\_\_\_

