

**REQUEST FOR APPROVAL FOR COMBO TREATS DISCOUNT**

BUYER							DATE
PROJECT	UNIT NO.	BLK	LOT	PHASE	FLOOR AREA	LOT AREA	UNIT SELLING PRICE

**REQUIREMENTS:**

- 1 FULLY FILLED-UP RESERVATION AGREEMENT with 2 VALID GOV'T ID's WITH 3 SPECIMEN SIGNATURE
- 2 RESERVATION FEE (in Cash or Cheque)
- 3 PAYMENT OF 1ST & 2ND MA/OUTRIGHT WITHIN 15DAYS FROM PAYMENT OF RESERVATION FEE
- 4 ISSUANCE OF PDCs COVERING THE WHOLE DP AMOUNT or Auto Debit Arrangement (WITHIN 30 DAYS FROM RF)

**NOTE: IN CASE OF COPMLIANCE OF ALL OF THE ABOVE REQUIREMENTS, COMBO TREATS TERMS SHALL BE APPLIED.**

	STANDARD TERMS	COMBO TREATS TERMS	CLIENT
Unit Selling Price	.....	.....	.....
Less: Discount	.....	.....	.....
Total USP	.....	.....	.....
Less: Discount	.....	.....	.....
Total	.....	.....	.....
Less: Discount	.....	.....	.....
Total	.....	.....	.....
Less: Discount	.....	.....	.....
Total	.....	.....	.....
Net Unit Selling Price	.....	.....	.....
Other Fees	8.0%	8.0%	.....
E-VAT	12%	12%	.....
TOTAL	.....	.....	.....
Total Contract Price	.....	.....	.....
DOWN PAYMENT (DP)	.....	.....	.....
Outright DP	.....	.....	.....
Less:	.....	.....	.....
Total	.....	.....	.....
Reservation Fee	.....	.....	.....
Net Down Payment	.....	.....	.....
No. of Months	.....	.....	.....
Monthly Amortization	.....	.....	.....
BALANCE PAYMENT	.....	.....	.....
Interest Rate	.....	.....	.....
No. of Months	.....	.....	.....
Monthly Amortization	.....	.....	.....

**Remarks:**

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**BUYER'S CONFORME:**

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PROJECT REP 1	PROJECT REP 2	PROJECT REP 3	LEAD PROJ. REP