REFRICENTRO

#380 Barbosa Ave.

Telephone: (787) 758-0300　　　**San Juan, PR., 00917-4300**　　　**Fax: (787) 754-1556**

CREDIT APPLICATION FORM - INDIVIDUALS

Date:	**Amount Requested: $**
Applicant Name:	**Social Security No.:**
Spouse Name:	**Social Security No.:**
Spouse Employer (Company):	**Telephone:**
Driver License No. (Applicant):	**Personal E-Mail:**
Technician License No: 　　　　　**As of:**	**Date of Birth:**

Physical Address: (Please Print)	**Postal Address:** (Please Print)

Business Name & Address: (Please Print)	
	Residential Telephone:
	Business Telephone: (1)
	Business Telephone: (2)
	Fax:
	Mobile:
	Business E-Mail:

Bank References

Bank	Branch	Account Number

Commercial References

Company	Account No.	Branch	Telephone	Fax

Personal References

Name/Relationship (Not living with applicant)	Address	Telephone

Recent Installation References

Date	Name / Address	Telephone

Properties Information

Description	Address	Market Value

We are requesting credit from **REFRICENTRO, INC. We agree in this application to honor all payments within THIRTY (30) DAYS as specified in the stated terms.** Should legal action be necessary for payment collection, we promise to jointly pay any expenses, costs and 33% of the balance incurred in legal costs and we will accept any jurisdiction selected by the courts. We also agree to pay any maximum authorized interest of any required balance. Any changes in the above information will be notified immediately to **REFRICENTRO, INC.** All invoices establish an obligation to the person (s) and the undersigned, who will be responsible jointly for payments in a personal nature. I authorize **REFRICENTRO, INC.**, to make any credit research of my person and business.

_____　　　　_____
　　　　　Signer's Name　　　　　　　　　　　　　　　Spouse Signature
==

(For Refricentro, Inc., use)
Approval Date: _____　　Approved By: _____　　Credit Limit: $_____
Customers Salesperson's No.: _____
Category: Customer [　]　　　Technician [　]　　　Wholesaler [　]
Notes: _____