

#380 Barbosa Ave. San Juan, PR., 00917-4300

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

$\underline{\textbf{CREDIT APPLICATION FORM}-\textbf{CORPORATE}/\textbf{PARTNERSHIP}}$

(Please Print or Type)

PLEASE INCLUDE A COPY OF THE CORPORATE CERTIFICATE AND A RECENT "GOOD STANDING" REPORT FROM THE STATE DEPARTMENT.

Data	Dota of Lancas	tion.		D	40d Am	. 6	
Date: Date of Incorporation: Requirement of Corporation or Partnership:					ested Amount: \$ Telephone (1):		
Type of Business:					Telephone (2):		
Employer Social Security No.:					Fax:		
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Physical Address:		Postal Address: (Please Print)					
	r Ostal F	Postai Address: (Please Print)					
	Corporat	e / Partnersh	ip Officers				
Name	Position Personal Address				Social Security No.		
	B	ank Reference	ees				
Bank Branch				Account No.			
	Com	mercial Refe	rences				
Company Postal Address			Telephone		Fax Account No.		
- · · · · ·	, 2 05.11.11441 055						
We are requesting credit from I	REFRICENTRO, INC. We a	gree in this ap	olication to hono	r all payme	ents within T	HIRTY (30) DAYS	
as specified in the stated term							
33% of the balance incurred in							
authorized interest of any requi							
All invoices establish an obligathe undersigned, who will be re-							
research of our company or of o		in a personal na	tare. We damonize	THE INTE	2,1110,110	, to make any create	
· ·		Signer's Sign	gner's Signature		Position		
<u> </u>							
(Please Print)	- 4	Authorized O				ed Officer -	
(Please Print)				:=====			
(Please Print) ====================================	======================================	Authorized O		Credit Lir	- Authoriz		
(Please Print)) Approved By: _	Authorized O		Credit Lir	- Authoriz		