



PO Box 2529 Toa Baja, P.R. 00954-2663  
Tel: (787) 794- 1985 / Fax: (787) 794-2079

**CASH/CHECK APPLICATION**

Account Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Type: ( ) Corporation ( ) Society ( ) Special Society ( ) D/b/a ( ) Personal

Type of Industry: \_\_ Agricultural \_\_ Pharmaceutical \_\_ Equipment/Cars \_\_ Maritime \_\_ Health  
\_\_ Communications \_\_ Government \_\_ Transportation \_\_ Construction \_\_ Manufacture  
\_\_ Buildings \_\_ Recycling/Waste \_\_ Wholesale Business \_\_ Retail Business \_\_ Non Profit  
\_\_ Gasoline Stations \_\_ Distributor

Merchant Registration \_\_\_\_\_ EIN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Contact & Title: \_\_\_\_\_ Cell: \_\_\_\_\_

THE APPLICANT (S) WHEN APPEAR (S), LIKE A PERSON NATURAL OR LIKE OFFICIAL OF CORPORATION, SOCIETY, SOCIETY SPECIAL, CONSIDERING WHICH IT IS SOLD TO HIM BY MEANS OF PAYMENT WITH CHECK TO THE BUSINESS THAT REPRESENT (S), SHARED IN COMMON GUARANTEES PERSONAL AND ANY SUM OF MONEY OWES BY THE APPLICANT AS A RESULT OF THE NONPAYMENT BY THE TURNED CHECK, WITHOUT CONDITIONS AND ALTHOUGH IT STOPS, IT SELLS, IS TRANSFERS OR OF ANY OTHER FORM IT IS ALIENATED OF THE PERSON OR THE BUSINESS, TO WHICH PRODUCT WAS SOLD TO HIM OR THAT THIS PERSON OR BUSINESS, INSOLVENCY STATE OF OR BANKRUPTCY IS DECLARED IN.

Applicant signature: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Official Authorization: \_\_\_\_\_ Date: \_\_\_\_\_