



P.O Box 2529 Toa Baja, PR 00951-2663 Tel.(787)794-1985 / 2295 / 3515 Fax: (787)794-2079

CREDIT APPLICATION

AMOUNT: \$ _____			
Company:		Employers Social Security	Office tel.
Name of Applicant:		Social Security	Cell:
Name Of Co-Applicant:		Social Security	Cell:
Accounts Payable Contact:		Cell:	Merchant Registration:
Email Address:		Postal Address:	
Physical Address:			Years in Address:
Type of Business: ___ Corporation ___ Partnership ___ Special Partnership ___ Business Owner			Business Years:
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			
IF CORPORATION, PLEASE PROVIDE INFORMATION:			
POSTAL ADDRESS OF AGENT:			
IF CONSTRUCTION BUSINESS, PLEASE PROVIDE THE FOLLOWING INFORMATION:			
INSURANCE COMPANY:			TEL.
BOND COMPANY:			TEL.
INSURANCE AGENT:			TEL.
DIRECTORS, PARTNERS IN BUSINESS			
NAME	ADDRESS		TITLE
1.			
2.			
3.			
BANK REFERENCES			
1.BANK:	BRANCH:	ACCOUNT NUMBER:	
2. BANK:	BRANCH:	ACCOUNT NUMBER:	
2. BANK:	BRANCH:	ACCOUNT NUMBER:	
COMMERCIAL REFERENCE			
1. NAME:	ADDRESS:	TELEPHONE:	
2. NAME:	ADDRESS:	TELEPHONE:	
3. NAME:	ADDRESS:	TELEPHONE:	

THE ABOVE INFORMATION IS TRUE AND CORRECT UNDER OUR BEST KNOWLEDMENT. BY THIS MEAN _____ OR IT'S REPRESENTATIVE, AUTORIZE AMERICAN PETROLEUM TO INVESTIGATE OUR BANKING AND COMMERCIAL REFERENCES INCLUDING ANY CREDIT REPORT. WE ALSO AUTHORIZE AMERICAN PETROLEUM PROVIDE THIS INFORMATION TO WHOM IT MAY REQUEST.

GENERAL TERMS CONDITIONS AND PERSONAL WARRANTY:

1. BILLS ARE SENT THE FIRST DAY OF EACH MONTH.
2. ALL BILLS ARE PAYABLE IN FULL 30 DAY OF DATE OF BILL.
3. A SERVICE CHARGE PER MONTH WILL BE ADDED TO ALL AMOUNTS BILLED IF NOT PAID BY THE END OF THE MONTH.
4. NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS UNLESS SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT.
5. PERSONAL WARRANTY: IF CREDIT CORPORATION, THOSE SIGNING THIS APPLICATION, WHETHER SIGNING AS AN OFFICER OR NOT, PERSONALLY WARRANTY PAYMENT FOR ALL ITEMS PURCHASED ON CREDIT BY THE CORPORATION.

SIGNED BY: INDIVIDUAL AND PARTNERSHIP BUSINESS REPRESENTATIVE.

Signature:	Name and Title:	Participation %:
Signature:	Name and Title:	Participation %:
Signature:	Name and Title:	Participation %:

APPROVED BY: _____ NOT APPROVED BY: _____

AMOUNT: _____

COMMENTS:

REQUIERES PO: YES ___ NO ___

SALES REPRESENTATIVE: _____