

TEL.: (787)793-8575
Fax: (787)793-6989



P.O. Box 9081
Santurce, P.R. 00908

Puerto Rico Freight Systems
Caribbean Cargo Specialists

CREDIT APPLICATION

DATE: ____/____/____

COMPANY NAME:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
TEL:	FAX:
WEB SITE:	

TYPE OF BUSINESS: PLEASE CHECK ONE:

<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	OTHER (SPECIFY):

CREDIT REFERENCES:

1.

NAME:	
ADDRESS:	
CONTACT:	DATE:
TEL:	FAX:

2.

NAME:	
ADDRESS:	
CONTACT:	DATE:
TEL:	FAX:

CREDIT APPLICATION

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3.

NAME:	
ADDRESS:	
CONTACT:	DATE:
TEL:	FAX:

BANK REFERENCES

1.

BANK:	BRANCH:	
ACCOUNT#:		
ADDRESS:		
CONTACT:	TEL:	FAX:

TERMS: ALL INVOICES ARE DUE 14 DAYS FROM THE DATE OF THE INVOICE.

❖ I AUTHORIZE PUERTO RICO FREIGHT SYSTEMS, INC. to conduct whichever investigation is necessary in order to process my credit application.

SIGNATURE: _____

TITLE: _____

DATE: _____

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*** PLEASE PROVIDE THE FOLLOWING INFORMATION:**

ACCOUNT CONTACT: _____

TELEPHONE: _____ EMAIL: _____

FOR OFFICE USE ONLY: DO NOT WRITE BELOW

CREDIT: APPROVED

NOT APPROVED

REASONS FOR CREDIT NOT APPROVED:

AUTHORIZED SIGNATURE:

DATE:
