

**Montesino Caribbean Bracelet Co.**  
1816 N. Dixie Hwy. A5, Box 13  
FORT LAUDERDALE, FL 33305  
Phone 954-767-6185 Fax 954-767-6186

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:		Social Security:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:	Phone:	
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

**BUSINESS/TRADE REFERENCES**

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

**AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice, unless otherwise noted.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Montesino USA, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. We must have a credit card on file. (We accept American Express, Discover, MasterCard or Visa)

**SIGNATURES**

TITLE: DATE:	TITLE: DATE:
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