



AUDITORIO SALVADOR BRAU RENTAL APPLICATION

Date of Application: _____ Date(s) Desired: _____

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____ Email: _____

I.R.S. Identification Number: _____

Type of Business: _____

Description of Activity to be held in Auditorium: _____

Name and Address of Principal Owner or Officer:

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Social Security Number: _____

Credit Reference: Name, address and telephone numbers of three (3) references (at least one in Puerto Rico):

Name	City/State	Phone/Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Reference:

Name of Institution _____ Contact _____

Account # _____ Phone _____ Fax _____

The applicant hereby grants permission to El Telegrafo, Inc. to obtain from any source any information related to its credit standings.

Signature: _____ Date: _____

Printed Name & Title: _____