

Letters of Credit Department (904)
 PO Box 362708
 San Juan, PR 00936-2708
 Swift Address: BPPRPRSX
 Tel. (787) 751-9800 Ext. 313187 Fax (787) 281-4158

Letter of Credit Department (904) Loan ID. _____
 Señorial Center
 Ave. Lomas Verdes, PR177 Int. PR52
 San Juan, PR 00926

Unit _____ Mailing Code _____ Cost Center _____ Application Date _____

Employer Tax ID _____ Account Number _____ Unit Contact Person / Extension No. _____

We request Banco Popular de Puerto Rico (the "Bank") to issue on our behalf, for our account, and at our risk an Irrevocable Documentary Letter of Credit in accordance with the instructions below (marked [X] where appropriate), subject to the most recent version of the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce, insofar as applicable, and the Master Letter of Credit Agreement previously delivered to the Bank the provisions of which are incorporated by reference.

Applicant Name Physical Address Telephone Email Address	Beneficiary Name Physical Address Telephone Email Address Beneficiary Advising Bank (If any) Physical Address
Amount in figures and words (Use ISO Currency Code)	Shipment (as defined in UCP 600 Article 3) From For transportation to Latest date of shipment
Credit available with Nominated Bank <input type="checkbox"/> by payment at sight <input type="checkbox"/> by deferred payment at _____ <input type="checkbox"/> by acceptance of drafts at _____ <input type="checkbox"/> by negotiation: for 100% or _____ Commercial Invoice Value	Expiry Date and Place for Presentation of Documents Expiry Date Place for presentation
<input type="checkbox"/> issue by (air) mail <input type="checkbox"/> issue by courier <input type="checkbox"/> issue by teletransmission (see UCP 600 Article 11)	Partial shipments <input type="checkbox"/> allowed <input type="checkbox"/> not allowed Transshipments <input type="checkbox"/> allowed <input type="checkbox"/> not allowed Refer to UCP 600 transport Articles for exceptions.
Type of Credit <input type="checkbox"/> Transferable Credit (as per UCP 600 Article 38) Confirmation of the Credit <input type="checkbox"/> requested <input type="checkbox"/> not requested	Shipping Terms (as per ICC Incoterms 2010) <input type="checkbox"/> EXW <input type="checkbox"/> CIP <input type="checkbox"/> DDP <input type="checkbox"/> CFR <input type="checkbox"/> FCA <input type="checkbox"/> DAT <input type="checkbox"/> FAS <input type="checkbox"/> CIF <input type="checkbox"/> CPT <input type="checkbox"/> DAP <input type="checkbox"/> FOB

Document to be presented within _____ days after the date of shipment but within the validity of the Credit.

All banking charges other than issuing bank charges are for Beneficiary Applicant

Goods (Brief description of merchandise without excessive details): _____

Documents Required <input type="checkbox"/> Beneficiary's draft(s) drawn on: _____ Transport Document <input type="checkbox"/> Multimodal Transport Document, covering at least two different modes of transport <input type="checkbox"/> Marine / Ocean Bill of Lading covering a port-to-port shipment <input type="checkbox"/> Air Waybill, original for the consignor <input type="checkbox"/> Delivery receipt duly signed by _____ <input type="checkbox"/> Other transport documents _____	<input type="checkbox"/> Commercial invoice <input type="checkbox"/> signed, original and _____ copies <input type="checkbox"/> to the order of BPPR for Account of _____ <input type="checkbox"/> Endorsed in blank Marked freight: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect Notify _____
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Certificates or Other Documents
 Origin Health Analysis Inspection Packing List Weight List PR or US Agency Approval Other: _____

Insurance To be effected by:

Applicant
 through applicant's own agent:
 Insurance Company _____

to be obtained by Beneficiary

Declaration under an open cover. Covering the following risks: All risks and war, riots, civil commotions and strikes for _____% or 110% CIF Value.

Special Instructions: _____

We confirm the information above and acknowledge receipt of copy of the "International Services Cost" disclosure applicable to this transaction.

Applicant Name _____ Signature _____ Bank Officer Name _____ Signature _____