

# Coastal Energy Corporation PO Box 218 • 1 Coastal Drive

PO Box 218 • 1 Coastal Drive Willow Springs, MO 65793 Ph. (417) 469-2777

#### **Submit to:**

Attention: Sherry Venneman <a href="mailto:sherry@coastal-fmc.com">sherry@coastal-fmc.com</a>
Fax (417) 469-4903

### **Application for Credit**

Please type or print clearly.	
<b>Company Information:</b>	
Company Name:	
Physical Address:	
Mailing Address:	
Phone:	Fax:
Email:	In Business Since: Credit Requested: \$
Type of Business (Please Check One): □ Corporation	□ Common Carrier □ Govt. Agency □ LLC □ Sole Prop.
If tax-exempt, please include a copy of the certificate w	ith this form.
Federal ID #:	Distributor's License #:
Duns & Bradstreet #:	
Authorized Agent of Business (Please type or print): _	
Ownership Information:	
Name of Owner:	
Owner Address:	
Owner Phone:Ow	vner Email Address:
Bank Reference:	
Name of Bank:	_Account Manager Contact:
Bank Address:	Bank Phone:



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#### **Trade References:**

Please list 3 trade references where you have open accounts – local references when possible

1.	Company:		Contact Name:
	Address:		Phone:
	Fax:	Email Address:	
2.	Company:		Contact Name:
	Address:		Phone:
	Fax:	Email Address:	
3.	Company:		Contact Name:
	Address:		Phone:
	Fax:	Email Address:	
	e authorize all trade ref story of my/our compar		nergy Corporation any and all information concerning the credit
Co	ompany Name (Please t	type or print):	
Au	thorized Signature:		
Pri	nted Name:		
Tit	-l <sub>0</sub> .		Date



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#### **Acceptance and Guarantee of Account:**

We hereby request an open account with Coastal Energy Corporation. We guarantee full and complete payment of the account, and further agree to pay all expenses of collection, including court costs and reasonable attorney fees, should it become necessary to refer the account for collection.

Business Name:	
Authorized Agent of Business:	
Signature:	
Print Name:	
Date:	
I hereby request an open account with Coastal Energy Corporate the account, and further agree to pay all expenses of collection, it become necessary to refer the account for collection.	
Personal Guarantor of Account:	
Signature:	<u> </u>
Print Name:	_
Date:	