



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

**Submit to:**  
Attention: Sherry Venneman  
[sherry@coastal-fmc.com](mailto:sherry@coastal-fmc.com)  
Fax (417) 469-4903

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## Application for Credit

**Please type or print clearly.**

**Company Information:**

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 with this form.*

Federal ID #: \_\_\_\_\_ Distributor's License #: \_\_\_\_\_

Duns & Bradstreet #: \_\_\_\_\_

Authorized Agent of Business (*Please type or print*): \_\_\_\_\_

**Ownership Information:**

Name of Owner: \_\_\_\_\_

Owner Address: \_\_\_\_\_

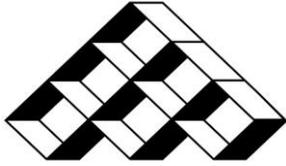
Owner Phone: \_\_\_\_\_ Owner Email Address: \_\_\_\_\_

**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: \_\_\_\_\_

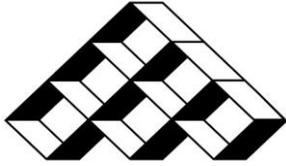
We authorize all trade references to disclose to FMC Transport any and all information concerning the credit history of my/our company and account(s).

Company Name (*Please type or print*): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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**Acceptance and Guarantee of Account:**

We hereby request an open account with FMC Transport. 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 FMC Transport. I personally 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.

Personal Guarantor of Account:

*Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

Date: \_\_\_\_\_