



United Distributing Company

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

Submit to:

Attention: Sherry Venneman
sherry@coastal-fmc.com
Fax (417) 469-4903

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: _____



United Distributing Company

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

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 United Distributing Company 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: _____



United Distributing Company

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

Acceptance and Guarantee of Account:

We hereby request an open account with United Distributing Company. 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 United Distributing Company. 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: _____