



Coastal Energy Corporation
PO Box 218 • 1 Coastal Drive
Willow Springs, MO 65793
Ph. (417) 469-2777 Fax (417) 469-2294

**Application for
Credit**

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

In Business Since: _____

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 #: _____

Name of Owner: _____

Name of Bank: _____

Owner Address: _____

Account Manager Contact: _____

Bank Address: _____

Owner Phone: _____

Bank Phone: _____

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

Name: _____ Address: _____ Fax: _____

Name: _____ Address: _____ Fax: _____

Name: _____ Address: _____ Fax: _____

Acceptance and Guarantee of Account

I hereby request an open account with Coastal Energy Corporation. 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.

Business Name: _____

Personal Guarantor of Account: _____

Date: _____