



Fuel Marketing 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 Choose One): Corporation

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:

Phone:

Name:

Address:

Phone:

Name:

Address:

Phone:

Acceptance and Guarantee of Account

I hereby request an open account with Fuel Marketing 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: _____