



FMC CORPORATION  
Chemical Products Group  
1735 Market Street  
Philadelphia, PA 10103

## CREDIT APPLICATION

Credit Department  
Phone: 215/299-6767  
Fax: 215/299-5901  
Attn: Tony Basile

In order to purchase on an open account basis, please complete the following application and return to the above address. Please attach a copy of your latest financial statement/annual report to this form.

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent Company (if subsidiary) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purchasing Agent \_\_\_\_\_

Financial Representative \_\_\_\_\_

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Trade References

(1) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(3) Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_