



FMC CORPORATION  
**Environmental Industry Team**  
**Environmental Remediation**  
 1735 Market Street  
 Philadelphia, PA 10103

REF: Klozur Activated Persulfate  
 FMC Internal Use → CC: Sharon Powell

**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 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ FAX \_\_\_\_\_

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

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

Address \_\_\_\_\_ FAX \_\_\_\_\_

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

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

Address \_\_\_\_\_ FAX \_\_\_\_\_

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