

Authorized Signature

212 W Main Street Durand, WI 54736 (715)672-5211

NEW ACCOUNT CREDIT APPLICATION

Name:						
	First		Middle		Last	
Mailing Address:						
· -	Street		City	State	Zip	
Property Address:				County of	Residence:	
- F	Street	City	State	Zip		
Social Security Number	ber or Fed Id:			Date of Birth:_		
Driver License #:		Email	Address:			
Home Phone: (Cell Phone: (
Present Employer:			Work Phone: (
Spouse/Co-Applicant	t:First					
	First		Middle		Last	
Social Security Number	ber or Fed Id:			Date of Birth:_		
Driver License #:		Email	Address:			
Home Phone: (Cell Phone: (_			
Present Employer:			Work Phone: (_			
Own or Rent:	Rentals-Lar	ndlord Name & phone	e number:			
	n heating source? YES or	_		lo you prefer? KEEP FIL		
			What size tank(s) do you have currently have?			
If yes, how many gal	lons do you use annually?_		What size tank(s)	do you have currently har	ve?	
Please circle the item	s that use propane on your	property: Furnace	Range Water H	eater Dryer Fireplace	e Heater(s)	
Have the persons/bus	iness ever filed bankruptcy	? YES or NO	f Yes-Date(s):		_	
Previous Fuel/Utility City/State:	Reference Name:	Phone N	Tumber: ()_		_	
Bank Reference Nam	ne:					
Bank Reference Name: Primary			Checking Account	Number:	-	
Phone Number: (Fax Num	Fax Number: (
INC. The above information is §	or contract. Purchaser agrees to pa	ng an account and is a true	statement. In considerate outstanding balances at the	ion for the extension of credit, p	ation to SCHAULS GAS archaser agrees to the terms of sale see event collection is needed, purchase	
			Date:			