



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

NEW ACCOUNT CREDIT APPLICATION

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip

Social Security Number or Fed Id: _____ Date of Birth: _____

Driver License #: _____ Email Address: _____

Home Phone: (____)____-____ Cell Phone: (____)____-____

Present Employer: _____ Work Phone: (____)____-____

Property Address: _____ County of Residence: _____
Street City State Zip

Own or Rent: _____ Rentals-Landlord Name & phone number: _____

Do you currently have propane? YES or NO If yes, annually do you use at least 600 gallons of propane? YES or NO

Please circle the items in your home which use propane: Furnace Range Water Heater Dryer Fireplace Heater(s)

Is PROPANE your main heating source? YES or NO Which program do you prefer? KEEP FILL or WILL CALL

Spouse/Co-Applicant: _____
First Middle Last

Social Security Number or Fed Id: _____ Date of Birth: _____

Driver License #: _____ Cell Phone: (____)____-____

Have the persons/business ever filed bankruptcy? YES or NO If Yes-Date(s): _____

Previous Fuel/Utility Reference Name: _____
City/State: _____ Phone Number: (____)____-____

Bank Reference Name: _____
City/State: _____ Primary Checking Account Number: _____
Phone Number: (____)____-____ Fax Number: (____)____-____

With my signature below, I authorize the above references and credit bureaus to release our financial information to SCHAULS GAS INC.

The above information is given for the purpose of establishing an account and is a true statement. In consideration for the extension of credit, purchaser agrees to the terms of sale set forth on each invoice and/or contract. Purchaser agrees to pay a service charge on all outstanding balances at the monthly rate of 1-1/2%. In the event collection is needed, purchaser agrees to pay all collection costs.

Authorized Signature Date: _____