



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

NEW ACCOUNT CREDIT APPLICATION

Name: _____
Mailing Address: _____
Home Phone: (____) _____ - _____
Cell Phone: (____) _____ - _____
Driver License #: _____
Email Address: _____
Social Security Number or Fed Id: _____
Date of Birth: _____
Present Employer: _____
Work Phone: (____) _____ - _____

Spouse/Co-Applicant: _____
Driver License #: _____
Cell Phone: (____) _____ - _____
Social Security Number or Fed Id: _____
Date of Birth: _____
Present Employer: _____
Work Phone: (____) _____ - _____

Property Address: _____
County of Residence: _____
Own or Rent: _____
Rentals-Landlord Name & phone number: _____
Is this your permeant residence? YES or NO
Is this a secondary residence? YES or NO
Do you currently have propane? YES or NO
If yes, annually do you use at least 600 gallons of propane? YES or NO
Is PROPANE your main heating source? YES or NO
Which program do you prefer? KEEP FILL or WILL CALL
Please circle the items in your home which use propane: Furnace Range Water Heater Dryer Fireplace Heater(s)

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: _____