

Credit Application

Schilling Shu Industries, LLC
www.schuindustries.com

453 5th Street
Random Lake, WI 53075
800-967-3688

CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED		FEIN#
COMPANY NAME		
ADDRESS		PHONE
CITY	STATE	ZIP CODE
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS		
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORTATION OTHER		

BANK INFORMATION		CONTACT NAME
BANK NAME		CONTACT EMAIL
ADDRESS		PHONE
CITY	STATE	ZIP CODE
TYPE OF ACCOUNT	ACCOUNT NUMBER	
SAVINGS		
CHECKING		
OTHER / LINE OF CREDIT		

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		

2 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		

Return Form To: Credit Department
Austin Welch 1-920-994-9528 Ext 308
AWelch@schuindustries.com

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Continue on to next page ...	PAGE 2 OF 2
BUSINESS REFERENCES	
Continued from previous page ...	

3 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT
1 All invoices must be paid per Schu Industries terms and conditions 2 Any claims regarding an invoice issued must be made within 7 days of the date issued 3 You authorize inquiry into the banking and business references provided within this application

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS

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