

# Credit Application

**WoodgeniX, LLC**  
www.woodgenixllc.com

453 5<sup>th</sup> 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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|----------------------------------|-------------|
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| 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 WoodgeniX terms and conditions<br>2   Any claims regarding an invoice issued must be made within 7 days of the date issued<br>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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