



Schilling Inc.
275 Gelsanliter Rd
Galion, OH 44833

P: 419.468.5794
F: 419.468.7999

Credit Application

Full Legal Name:	_____		
D.B.A.:	_____		
Phone:	_____	Fax:	_____
Address:	_____		
Type of Business:	_____	Year Business Started:	_____
Business Structure:	Corporation Partnership Sole Proprietorship		
Date of Incorporation:	_____	State of Incorporation:	_____
If subsidiary, name and location of Parent company. If partnership, name of partnership			

Est. Purchase Volume Per Month:	_____	Company Annual Sales:	_____
Account Payable Contact:	_____		
Contact's direct number & email:	_____		
Bank Reference:	_____		
Bank Name:	_____		
Loan Officer:	_____		
Account Number:	_____	Phone:	_____

Please Supply Three Trade References (US Only)

Company:	_____		
Address:	_____		
Phone:	_____	Fax:	_____

Company:	_____		
Address:	_____		
Phone:	_____	Fax:	_____

Company:	_____		
Address:	_____		
Phone:	_____	Fax:	_____

I hereby authorize Schilling Inc. to obtain any and all information necessary to process this application for credit.

Completed By/Title:	_____		
Date:	_____		
Signature:	_____		

Note: Once signed (electronically) this document cannot be edited. Please email the completed application to: customerservice@schillinginc.com