



# SCHILLER

GROUNDS CARE

NEW CUSTOMER APPLICATION

RENTAL \_\_\_\_\_

ASPHALT \_\_\_\_\_

Please fax the completed application to the Accounting Dept @ 215-396-2948 or e-mail to [lstrenk@schillergc.com](mailto:lstrenk@schillergc.com)

Legal Customer Name: \_\_\_\_\_

If Doing Business As (DBA): \_\_\_\_\_

P.O. Box No: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province or State: \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Branch Locations: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

In Business Since: \_\_\_\_\_

ARE YOU A MEMBER OF A COOPERATIVE GROUP SUCH AS TRUE VALUE, ACE, ORGILL OR DO IT BEST? \_\_\_\_\_

BANK REFERENCES:

Bank: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Bank Address, city, state, zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

TRADE REFERENCES:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province or State: \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ Fax (        ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province or State: \_\_\_\_\_ Postal Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ Fax (        ) \_\_\_\_\_

