



Fund Raising Credit Form

Any questions regarding this agreement, call (608) 793-6310 or 1-800-305-6666 or Fax this agreement to: (608) 781-7517

Customer E-Mail Address _____

1. Billing Information				
Organization Name		School Associated With (If Applicable)		
Billing Attention To		Address (If P.O. Box, Give Street Address Also)		
City/State/Zip		Business Phone	Business Fax	
Federal I.D. Number		Sales Tax Exempt Number (Attach Copy of Exemption Form)		
Name of Organization President	Home Address		Home Phone	Best Time To Call
Name of Organization Treasurer	Home Address		Home Phone	Best Time To Call
2. Bank References				
Bank Name - Checking	Account #	Bank Contact		Phone #
Address	City	State	Zip	Fax #
Bank Name - Savings	Account #	Bank Contact		Phone #
Address	City	State	Zip	Fax #
Bank Name - Loan	Account #	Bank Contact		Phone #
Address	City	State	Zip	Fax #
3. Authorization				
The information given on this agreement is complete and correct to the best of my/our knowledge. I/we authorize Kwik Trip, Inc. to verify or check any of the information given or obtain additional information concerning our credit standing.				
Signature of Organization President	Title	Print Name	Date	
Signature of Organization Treasurer	Title	Print Name	Date	