

Car Wash Fundraising Enrollment Form



Customer E-Mail Address _____

Proof of your group's non-profit status will be required. Please provide a copy.

To enroll in the Car Wash Fundraising Program, please fill out the information below, then Fax this form to us at 608-781-7517, e-Mail us at creditapproval@kwiktrip.com or send it to Kwik Trip, Inc., 1626 Oak St., PO Box 1597, La Crosse, WI 54602-1597, Attn: Credit Department. Questions? Call us at 1-800-305-6666.

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 ID 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 (Must be completed)

Bank Name - Checking	Account #	Bank Contact		Phone # ()
Routing/ABA Number	City	State	Zip	Fax # ()
Bank Name - Savings	Account #	Bank Contact		Phone # ()
City/State/Zip				Fax # ()

3. EFT (Electronic Funds Transfer) Authorization

Select Payment Method EFT: Next day, after order ships **If you choose EFT, can we use the bank information listed in the Bank References section above?** YES Checking Savings

EFT: 30 Days NO (If NO, please complete the Bank Information in Section 5)

Pay By Check (Check with order)

Pay By Check 30 days from order

4. Authorization • Be sure to sign and date to avoid delays in processing your order.

The information given on this application is complete and correct to the best of the applicant's knowledge. The applicant authorizes Kwik Trip, Inc. to verify or check any of the information given, obtain additional information concerning their credit standing and to furnish the same to others. Applicant agrees to notify Kwik Trip, Inc., in writing, within seven (7) days of any change in its account name, address or phone number. Applicant understands that all inquiries and records are maintained in the strictest confidence and in compliance with the Fair Credit Reporting Personal Guaranty Act 1971 and the Equal Credit Opportunity Act 1975.

Signature (Signature Required)	Title	Print Name	Date
Signature (Signature Required)	Title	Print Name	Date

5. Bank Information (Only if different than Section 2 above)

Account Number _____

Bank Name _____ Address _____

Routing/ABA Number _____

Phone Number _____

Account Type (circle one) CHECKING SAVINGS

Payment is required prior to shipment (unless you have requested and been approved for credit terms). Accepted forms of payment include check or EFT (Electronic Funds Transfer). EFT is the most popular payment method for our guests as it allows them to place orders at any time without having to mail a check.

The amount of debit/credit entries to Purchaser's account will be based on monies due Kwik Trip, Inc. All payments are due upon the shipment of the order (the next banking day).

Any notice required or permitted under this Agreement will be properly given via U.S. Mail, Fax or E-Mail. Notices mailed, faxed or E-Mailed to Purchaser will be sent to Purchaser's address.

Notice of termination shall not affect entries originated prior to actual receipt of notice of termination of this Agreement and will not be effective until fifteen (15) days after properly given. Kwik Trip, Inc. may terminate this Agreement at any time without notice.

Kwik Trip, Inc. will use its best efforts to ensure that debit entries to Purchaser's account, originated by Kwik Trip, Inc. are in the correct amounts. In no event will Kwik Trip, Inc. be liable for any incidental or consequential damages associated with an incorrect entry process by Purchaser's financial institution and will be responsible only for the refund of any overcharge when verified by Kwik Trip, Inc. as such. Purchaser agrees to keep sufficient funds in the account to cover debit entries originated by Kwik Trip, Inc.

For office purposes only: Acct # _____