

# Kwik Trip Scrip Gift Card Program Enrollment Form

**KWIK TRIP**<sup>TM</sup>  
Scrip Gift Card  
FUNDRAISING PROGRAM

To enroll in the Scrip Gift Card Program, please fill out the information below, then return to us using one of the following options:

Email to [creditapproval@kwiktrip.com](mailto:creditapproval@kwiktrip.com), Fax to 608-781-7517 or mail to

Kwik Trip, Inc., 1626 Oak St., PO Box 1597, La Crosse, WI 54602-1597, Attn: Credit Department.

Applications may take up to 7 business days to process. Questions? Call us at 1-800-305-6666.

**PROOF OF YOUR GROUP'S NON-PROFIT STATUS WILL BE REQUIRED. PLEASE PROVIDE A COPY.**

## 1. Organization Information:

Organization Name	School Associated With (if applicable)	
Federal ID Number		
Street Address: (if PO Box, give street address as well)		
City	State	Zip Code
Name of Organization President or Treasurer	Email	

## 2. Scrip Coordinator Information: *Who will be in charge of your Scrip Program?*

Name	
Email: <i>Details regarding upcoming Scrip Promotions will be sent to this email</i>	Phone #

## 3. Billing Information: *What address should we mail your bill to: (select from the below)*

Organization Address **OR** please fill out information below

Attention To	Email	
Street Address (if PO Box, give street address as well)		
City	State	Zip Code

## 4. Payment Method: *How will you be paying for your Scrip Cards?*

EFT: Next day, after order ships     EFT: 30 Days     Pay By Check (Check with order)

## 5. Bank Information: *(must be completed)*

Routing #	Checking Account #	
Bank Name	Street Address	
City	State	Zip Code
Phone #	Fax #	
Name of Bank Contact	<i>**If you chose EFT in section 4, the above account will be used for payment **A Bank Reference may be performed using the information provided above</i>	

## 6. Shipping Information:

Use Organization Address     Use Billing Address     Will Pick Up at Corporate Support Center • 1626 Oak St. La Crosse, WI **OR** please fill out information below

Attention To	Email	
Street Address (if PO Box, give street address as well)		
City	State	Zip Code

*Please continue to fill out the back side of this form*

## 7. Marketing Data:

How did you hear about the Scrip Program? (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Visited kwiktrip.com              | <input type="checkbox"/> Received information in an email |
| <input type="checkbox"/> Referred by a Kwik Trip Co-Worker | <input type="checkbox"/> Saw information on social media  |
| <input type="checkbox"/> Received information in the mail  | <input type="checkbox"/> Saw information in the store     |

## 8. Terms and Conditions

- I agree to the terms and conditions below

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).

The amount of debit entries to Purchaser's account will be based on monies due Kwik Trip, Inc.

Any notice required or permitted under this Agreement will be properly given via U.S. Mail, Fax or Email. 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.

## 9. Authorization: *Be sure to sign and date to avoid delays in processing your application*

This 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 give, 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: REQUIRED

Print Name	Title	Date
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Signature: REQUIRED

Print Name	Title	Date
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