

# Enrollment Form

# KWIK TRIP™

## FUNDRAISING PROGRAMS

To enroll in the Fundraising Programs, please fill out the information below, then return to us using one of the following options:

Email to vendors@kwiktrip.com, Fax to 608-793-6136 or mail to

Kwik Trip, Inc., 1626 Oak St., PO Box 2107, La Crosse, WI 54602-1597, Attn: Vendors Dept

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.  
PLEASE PROVIDE W-9 WITH APPLICATION IF ORGANIZATION IS FOR PROFIT.**

### 1. Organization & Billing Information:

Organization Name	School Associated With (if applicable)	
Type of Organization <input type="checkbox"/> School <input type="checkbox"/> Veteran <input type="checkbox"/> Church <input type="checkbox"/> Sport Other _____	Federal ID Number	
Street Address: (if PO Box, give street address as well)		
City	State	Zip Code
Email		
What are you fundraising for?		

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

Name	
Email:	Phone #

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

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

### 4. 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 3, the above account will be used for payment **A Bank Reference may be performed using the information provided above</i>	

### 5. Shipping Information:

<input type="checkbox"/> Other	<input type="checkbox"/> Billing Address	
Attention To	Email	
Street Address (no PO Boxes)		
City	State	Zip Code

Please continue to fill out the back side of this form

## 6. Marketing Data:

How did you hear about our Fundraising Programs? (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     |

## 7. 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.

## 8. 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
------------	-------	------

Signature: REQUIRED

Print Name	Title	Date
------------	-------	------