

Badger Office City
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Office use only Slsm# _____ Route# _____ Subs Y/N _____ Programs _____

ACCOUNT APPLICATION

Account Terms Desired (check one)

C.O.D. _____ Credit Card _____ *Open Account _____

*Terms are as follows for open accounts: All invoices are Net 30 days from date of purchase.

SECTION 1

Name _____

Billing Address _____ **Billing Contact** _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email (Purchasing) _____

Ship To Address _____

City _____ State _____ Zip _____

Type of Business _____ Federal ID# _____ Tax Exempt # _____

(Copy of certificate required)

Number of years in business _____

P/O required Y/N _____

 Signature of authorized agent of applicant* _____ Title _____

 Print name _____ Date _____

** A fax copy or electronic transmission of applicants' signature shall be treated as the original. Applicant hereby authorizes the release of any financial and credit information regarding applicant and its principals.*

SECTION 2

Business Owner Name _____ Title _____

Business Owner Name _____ Title _____

Bank Name _____ Phone _____ Contact _____

Address _____ City _____ State _____ Zip _____

SECTION 3

Please send my invoices and monthly statements by (check only one):

___ **E-MAIL**

Contact Name _____

E-Mail Address: _____

Contact Phone # _____ - _____ - _____

___ **FAX**

Contact Name _____

Contact Fax # _____ - _____ - _____

Contact Phone # _____ - _____ - _____

___ **MAIL** to above listed billing address