



# Kwik Card® Commercial Account Application

For any questions regarding this application,  
call 1-877-739-3835 ext.9 or fax this  
application to: (608) 781-4144.

For office use only
Date Approved _____
Initial _____
Account No. _____
Credit Limit _____

For store/office use only
Store No. _____
Employee No. _____
Employee Name _____

Customer E-Mail Address: \_\_\_\_\_

Mail To: P.O. Box 1597, LaCrosse, WI 54602-1597

Legal Business Name		Main Line of Business		
DBA or AKA		Business Phone ( )	Business Fax ( )	
Address (If P.O. Box, Give Street Address Also)		City	State	Zip
Statement Attention To				Anticipated Monthly Purchases

Company Type (Check All That Apply) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> Non-Profit		Number Of Employees <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> Over 100		
Federal ID Number	In Business Since	Dun & Bradstreet (DUNS) Number		
If Corporation/L.L.C., Principal Authorized Officer(s)/Title(s)		If Corporation/L.L.C., Principal Authorized Officer(s)/Title(s)		If Corporation/L.L.C., Principal Authorized Officer(s)/Title(s)
If Sole Proprietor or Partnership, Name of Principal Owner	Home Address	Social Security No.		
If Sole Proprietor or Partnership, Name of Principal Owner	Home Address	Social Security No.		

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 # ( )

Reference Name #1	Account #	Contact		
City	State Zip	Phone ( )	Fax ( )	
Reference Name #2	Account #	Contact		
City	State Zip	Phone ( )	Fax ( )	
Reference Name #3	Account #	Contact		
City	State Zip	Phone ( )	Fax ( )	

Specify number of cards needed	Card Embossing Options (Check option preferred)
	<input type="checkbox"/> Company Name Only <input type="checkbox"/> Cards Numbered Consecutively <input type="checkbox"/> Other (Attach List) <input type="checkbox"/> Company Name & Vehicle ID (Attach List) <input type="checkbox"/> Company Name & Employee ID (Attach List)

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 represents and warrants that credit obtained under this application is for business purposes and not for personal, family, household or agricultural purposes. 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. \*\*\*If Corporation, application must be signed by an Authorized Officer(s) listed above. If Partnership or Sole Proprietor, application must be signed by one of the Principal Owner(s) listed in the

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

All account terms and charges are contained in the Credit Card Agreement and the extension of credit by Kwik Trip, Inc. to the applicant is subject to all terms and conditions set forth in said Credit Card Agreement which may be changed by Kwik Trip, Inc. at any time.