



Commercial Kwik Card Application

Please complete all sections and email to [mjirousek@kwiktrip.com](mailto:mjirousek@kwiktrip.com) or fax to (608)781-4144

Questions please contact Marisa Jirousek at (608)791-7485

BUSINESS INFORMATION	
Legal Business Name _____	
Doing Business As _____	
Street Address _____	Account Contact _____
City/State/Zip _____	Billing Contact _____
Billing Address _____	Fax Number _____
Phone Number _____	Type of Business _____
E-Mail Address _____	Federal Tax ID _____
Credit Line \$ _____	In Business Since _____
<b>IF YOU ARE REQUESTING A CREDIT AMOUNT OF \$20,000 OR GREATER, YOU MUST INCLUDE YOUR MOST RECENT AUDITED FINANCIAL STATEMENTS.</b>	
BUSINESS STRUCTURE <small>(SSN only required for sole proprietorships, partnerships, and businesses less than two years old)</small>	
If Corporation/LLC – President/Member _____	
If Sole Proprietor - Owner's name _____	Social Security No. _____
If Partnership, Partner's Name _____	Social Security No. _____
If Partnership, Partner's Name _____	Social Security No. _____
BANK REFERENCES	
Primary Business Bank _____	Account Number _____
Bank Contact Person _____	Bank Contact Email _____
Bank Address _____	City/State/Zip _____
Bank Phone Number _____	Bank Fax Number _____ <small>(for account verification)</small>
BILLING OPTIONS	
You may choose to receive E-Statements <input type="checkbox"/> Yes <input type="checkbox"/> No E-Mail Address _____	
You may choose to sign up for EFT (Electronic Funds Transfer) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Check below when you want the funds taken out of your account.</i>	
Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly (every 14 days) <input type="checkbox"/>	Monthly Net 10 <input type="checkbox"/> Monthly Net 20 <input type="checkbox"/> If daily, weekly or bi-weekly. MON TUE WED THUR FRI check preferred day: _____
Bank Name _____	Business Checking <input type="checkbox"/>
Routing Number _____	Personal Checking <input type="checkbox"/>
Account Number _____	EFT Reports are generated automatically each month.
AUTHORIZATION	
<p>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. In consideration of the extension of credit granted by Kwik Trip, Inc. to the above described applicant, the undersigned Guarantor does hereby unconditionally guarantee payment of whatsoever amount the above-described applicant shall, at any time, be owing to Kwik Trip, Inc. pursuant to terms set out above. This shall be an open and continuing guarantee and shall continue in force until expressly revoked by written notice from the undersigned Guarantor to Kwik Trip, Inc., provided any such guarantee shall continue in full force and effect as to any indebtedness contracted by the applicant prior to such receipt of the notice of revocation. Notice of indebtedness and of default in payment are hereby waived. Notice of acceptance of this guarantee is also waived.</p> <p style="text-align: right;"><b>If in business for less than 2 years, sign Guarantor below.</b></p>	
Signature of Officer Listed Above _____ Title _____	Signature of Guarantor _____ SSN _____
Print Name _____ Date _____	Print Name _____ Date _____
Signature of Officer Listed Above _____ Title _____	Signature of Guarantor _____ SSN _____
Print Name _____ Date _____	Print Name _____ Date _____
<p>If Corporation, application must be signed by an Authorized Officer(s) listed above. If Sole Proprietor, application must be signed by the Principal Owner(s) listed above. If Partnership, application must be signed by all Partners listed above.</p>	<p>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.</p>

