



PO Box 227, Edgar, WI 54426-0227 Phone: 715-352-2311

NEW ACCOUNT DATA FORM

*Please FILL OUT all sections, PRINT out, SIGN, and RETURN by fax to: 715-352-3163
OR return to the Sales Representative for your area*

DATE: _____ COMPANY NAME: _____
D/B/A: _____ SS# OR TAX ID#: _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE #: _____ FAX #: _____
COMPANY E-MAIL: _____ A/P EMAIL: _____
E-MAIL TO RECEIVE TRACKING NUMBERS: _____
TYPE OF BUSINESS: _____ # OF LOCATIONS: _____ YEARS EST: _____
ANNUAL SALES: _____ NUMBER OF EMPLOYEES: _____
OWN OR RENT: _____ WEB SITE: _____
CREDIT LIMIT REQUESTED: _____ RESALE TAX #: _____

CONTACT INFO:

OWNER/OFFICER NAME: _____ E-MAIL: _____
BUYER'S NAME: _____
E-MAIL: _____ PHONE: _____
ACCOUNTS PAYABLE NAME: _____
E-MAIL: _____ PHONE: _____
WAREHOUSE/SHIPPING NAME: _____
E-MAIL: _____ PHONE: _____

SALES REPRESENTATION:

ARE YOU WORKING WITH ONE OF OUR SALES REPRESENTATIVES? YES NO

IF YES, WHICH ONE: _____

TRADE REFERENCES:

If you will be drop shipping and/or your orders will be less than \$500, please put a credit card on file with us for pre-payment of your orders (**SEE PAGE 3**).

If you will be placing orders for greater than \$500, please attach a credit references sheet with at least three trade references and one bank reference. And/or, fill out the information below.

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

BANK REFERENCE:

BANK NAME: _____ CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ ACCOUNT #: _____

AUTHORIZATIONS AND AGREEMENTS:

I/We hereby authorize BADGER BASKET COMPANY to obtain information from our bank/financial institution and trade references regarding the aforementioned account(s).

I/We agree to pay for all charges to our account under the following terms and conditions. All sums are due and payable to BADGER BASKET COMPANY, PO BOX 227, EDGAR, WI 54426.

In the event of default of any payment that may become due, I/We agree to pay interest at a rate of 1.5% per month on the principal balance owing, from the date of such default.

By my signature below, I certify that the statements in this application for credit are true and complete.

SIGNED: _____ DATE: _____

COMPANY: _____



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**PAYMENT AUTHORIZATION
FOR DROP SHIP ACCOUNTS
AND ORDERS LESS THAN \$500**

Please return by fax to: 715-352-3163 or to your Sales Rep

Badger Account # (if available): _____

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

If the billing address on file with your credit card company is not the same as the address above, enter the billing address here:

Circle One: VISA MASTERCARD DISCOVER AMEX

Card #: _____ Expiration: _____ CID#*: _____

Your Name as it appears on the card: _____

I AUTHORIZE **BADGER BASKET COMPANY** TO CHARGE MY ORDERS TO MY CREDIT CARD.

DATE: _____

SIGNATURE: _____

** The CID number (Card Identification Number) is the additional three or four digits on the back of your card in the signature strip. We are required to have this information to process your transaction for fraud prevention.*

NOTE: Please provide us with a credit card rather than a debit card. If you provide a debit card and don't have money in your account to cover the charges when we bill your card, we can't be responsible for fees charged to you by your bank.



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PREFERRED SHIPPING METHOD 3RD PARTY FREIGHT BILLING AUTHORIZATION FORM

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The majority of our customers use their own UPS/FedEx accounts for shipping; therefore, Badger Basket does not receive any special pricing and/or discounts on shipping. If you have an account that you would like us to ship with, please fill out this form.

Also, note that when shipping with your own account, we will not charge the 2% shipping fee added to all invoices for shipment processing.

- YES, please bill the freight charges for my Badger Basket orders to my own UPS and/or FedEx freight account. I understand I am responsible for all charges billed by the freight company and that Badger Basket is not responsible for verifying these charges ahead of time nor paying these charges on my behalf under any circumstances, such as if I default on my account with the freight company.

UPS ACCOUNT NUMBER: _____

FEDEX ACCOUNT NUMBER: _____

BILLING NAME, ADDRESS, & PHONE ON FILE WITH UPS/FEDEX:

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____