

# Badger Office City

4716 Expo Drive

Manitowoc, WI 54220

Ph: (920) 684-3671 (800) 783-3671 Fax: (920) 684-3699

www.badgerofficecity.com Email:support@badgerofficecity.com

Office use only

Sism# \_\_\_\_\_

Route# \_\_\_\_\_

Programs \_\_\_\_\_

## ACCOUNT APPLICATION

\*Terms are as follows: All invoices are Net 10 days from date of purchase.

\*\*\*If you were referred by a Badger Office City sales representative, please list their name below\*\*\*

Badger Office City Sales Representative \_\_\_\_\_

### 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 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_