

PO Box 227, Edgar, WI 54426-0227 USA Phone: 715-352-2311 Fax: 715-352-3163 Email: help@badgerbasket.com

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:			
	BILLING ADDRESS:			
CITY:	STATE:	ZIP CODE:		
PHONE #:	FAX #:			
PRIMARY E-MAIL:	WE	EB SITE:		
RESALE TAX #:	LE TAX #: YEARS ESTABLISHED:			
ANNUAL SALES:	ES: TYPE OF BUSINESS: # OF LOCATIONS:			
	FOR DOT COM BUSINESSE	S, INDICATE WI	HERE YOU	
	WILL BE SELLING OTHER TH	HAN YOUR OWN	I WEB SITE:	
AMAZON MA	ARKETPLACEE	EBAY	GOOGLE SHOPPING	
WALMART M	ARKETPLACEOTI	HER (specify): _		
PROVIDE ALL D	OING BUSINESS AS (DBA) NAM	IES YOU WILL B	E USING FOR ONLINE SALES:	
	CONTAC	T INFO:		
OWNER/OFFICER NA	AME:	E-MAIL:		
BUYER'S NAME:				
E-MAIL:	PHON	NE:		
ACCOUNTS PAYABL	E NAME:			
E-MAIL:	PHON	NE:		
WAREHOUSE/SHIPP	ING NAME:			
E-MAII ·	DHO	ME.		

SALES REPRESENTATION:

ARE YOU WORKING WITH	ONE OF OUR SALES RE	EPRESENTATIVES?	YES	NO 🗌
IF YES, WHICH ONE:				
	TRADE RE	FERENCES:		
If you will be placing or	with us for pre-payment of the contract of the	of your orders (SEE PA <u>500</u> , please attach a cr eference. And/or, fill out	GE 3). edit reference	s sheet with at
ADDRESS:				
PHONE:			JNT #:	
NAME:				
ADDRESS:				
PHONE:	FAX:	ACCOL	INT #:	
NAME:				
ADDRESS:				
PHONE:	FAX:	ACCOL	JNT #:	
	BANK RE	FERENCE:		
BANK NAME:	CONT	ACT NAME:		
ADDRESS:				
PHONE:	FAX:	ACCOL	JNT #:	
I/We hereby authorize BAD		to obtain information fro	m our bank/fina	ancial institution
and I/We agree to pay for all ch	-			sums are due
In the event of default of an	. ,	me due, I/We agree to pa		ate of 1.5% per
	I certify that the statement	•		nd 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:							
City, State, Zip	D:						
		Fax:					
Email: If the billing addrenter the billing a		h your credit card compan	y is not the same as t	he address above			
Circle One:	VISA	MASTERCARD	DISCOVER	AMEX			
Card #:		Exp	oiration: (CID#*:			
Your Name as	it appears	on the card:					
I		E BADGER BASKET MY ORDERS TO MY C		HARGE			
DATE:		SIGNATURE:					

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.

^{*} 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.



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PREFERRED SHIPPING METHOD **3RD PARTY FREIGHT BILLING AUTHORIZATION FORM**

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

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.

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:

for