



21027 Crossroads Circle ■ Waukesha, WI 53186
800-558-1544 Ext 554 ■ 262-796-8776 ■ Fax 262-798-6640

Customer Information Form

Kalmbach Representative

Kalmbach Publishing Co. truly appreciates your interest in our family of books, products, magazines, and games. We will strive to meet or exceed your expectations.

Complete all requested information, sign, date and return. If a credit account will not be established, please include payment with your order or advertising copy.

COMPANY NAME

Street address Billing address

City County City County

State Zip State Zip

Nature of business Website

Phone ( ) Fax ( ) Email

Tax Payer ID

Classification: corporation partnership sole proprietorship other (please specify)

If proprietorship or partnership, please provide owner information below:

Phone Mobile Phone Mobile

Name Name

Address Address

City State Zip City State Zip

Invoice delivery preference email mail fax Invoice address if different than above

PO Required Y N Tax Emempt Y N If "Y" please return valid resale certificate with this form

KEY PERSONNEL:

Purchasing Phone ( )

Accounts Payable Phone ( )

BANK: City

Contact person Phone ( )

Fax ( ) Account no.

TRADE REFERENCES (Please list three with complete addresses):

1. Name Account No.

Address City State Zip

Contact Person Phone ( ) Email Fax ( )

2. Name Account No.

Address City State Zip

Contact Person Phone ( ) Email Fax ( )

3. Name Account No.

Address City State Zip

Contact Person Phone ( ) Email Fax ( )

The undersigned Applicant understands and agrees that the following terms and provisions shall govern (his), (its), (their), open account with Kalmbach Publishing Co. (hereinafter individually/collectively called the Company), and makes the presentations contained herein in order to induce the Company to extend credit to the Applicant. 1) I/We certify that the above information is correct and complete, and further understand that Company shall rely on this information for the extension of credit. From time to time Company shall rely on this information to obtain Credit Reports on Applicant or any individuals listed above or to obtain credit and funding information from other persons or entities listed above. 2) The Applicant shall pay the Company in full for any invoices according to the terms extended in the rate card. In the event a credit card is provided, Applicant authorizes the Company to charge applicable amount(s) to satisfy the purchase amount. 3) Should the Applicant default in making any payment required by the terms hereof, and should the Company place Applicant's account with a collections agency or any attorney for collections, Applicant will pay all costs of collections, including reasonable attorney fees, service charges, and court cost in addition to the principal amount in default. 4) Failure to comply with the terms of this agreement may result in the suspension or termination of the agreement as determined by the Company in its sole discretion. 5) This agreement shall be construed and enforced according to the laws of the State of Wisconsin and the parties submit to venue in Waukesha County, Wisconsin if suit is brought to collect any balance owed hereunder. By signing I acknowledge that I have read and understand the terms of sale and agree to abide by them.

SIGNATURE

DATE

Please use other side if you wish to provide additional information.