

Perpetual Credit Card Profile

Store/Company:					
Legal Name		Subsidiary of			
Owner's Name			Buyer's Name		
Email		Web Site			
Fed/State Tax I.D. #		Business Hours			
REQUIRED: In order to obtain/retain tax exempt status, a copy of your resale certificate must be forwarded.					
Bill-to:		Ship-to: (if different from Bill-to)			
Address:		Address:			
Attn: City: State: Phone: Fax: Email: Principals:	Zip:	Attn: City: Phone: Fax: Email:	State:	Zip:	
☐ Corporation If one of the following, please provide information ☐ Partnership ☐ Sole Proprietorship ☐ Other SS# Name of Responsible Party(s): (Please Print)	er	2nd Responsible Party SS# Name of Responsible Party(s):			
Home Address City/State/Zip Home Phone ()		Home Address City/State/Zip Home Phone ()			
The undersigned understands and agrees that the following inafter individually/collectively called the Company), and rand complete. If necessary, the Company shall rely on this holder authorizes the Company to charge applicable amo Applicant's account with a collections agency or any attor interest, and court cost in addition to the principal amountion of the agreement as determined by the Company in i Wisconsin and the parties submit to venue in Waukesha Cappreciates your interest in our family of books, products a	makes the presentations of information to obtain Creunt(s) to satisfy the purchaney for collections, Credit (at a default. 4) Failure to cots sole discretion. 5) This a county, Wisconsin if suit is known to suit in the default.	ontained herein to foster such. 1) I/We of dit Reports on the credit card holder or use amount. 3) Should the Applicant's card holder agrees to pay all costs of comply with the terms of this agreement greement shall be construed and enfor prought to collect any balance owed he	certify that the above i any individuals listed a ard decline, and shoul llections, including rea t may result in the susp ced according to the la reunder. Kalmbach Pu	nformation is correct above. 2) Credit Card d the Company place isonable attorney fees, pension or termina- aws of the State of	

_____Title: ___