



# CORPORATE ACCOUNT APPLICATION

## Company Information

Company Name: \_\_\_\_\_

Parent Company (if applicable): \_\_\_\_\_

TIN or EIN: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Main Purchasing Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Accounts Payable Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please complete this form and return to our corporate accounts department:

E-Mail: [corporate@midwestboots.com](mailto:corporate@midwestboots.com)

Fax: 1-608-299-2186

Phone: 1-866-737-7010

Mailing Address: Midwest Boots  
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