Rainbow Sales Distributing, Inc.
N28W23240 Roundy Dr, Suite 200 Pewaukee, WI 53072

Phone: 414-774-4949 Toll Free: 800-326-5321
Fax: 414-774-6965 www.rainbowsales.net
customerservice@rainbowsales.net

Sales Associate:

Customer Info/Update Sheet

Week:_____
Day: M T W Th F
Time: AM PM

TODAY'S DATE: _____

SALES REP: _____ Group:_____

STORE NAME: _____

COMPANY NAME: _____

BILLING ADDRESS:

_____

_____

_____

_____

SHIPPING ADDRESS:

_____

_____

_____

_____

BUS. PHONE:_____ FAX:_____EMAIL:_____

CONTACT 1:_____ TITLE:_____

CELL #_____ EMAIL:_____

CONTACT 2:_____ TITLE:_____

CELL #_____ EMAIL:_____

CONTACT 3:_____ TITLE:_____

CELL #_____ EMAIL:_____

FED TAX ID:_____ 15-DIGIT RESALE:_____

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:			In Business Since:	
Legal Form Under Which Business Operates:	Corporation ☐		Partnership ☐	Proprietorship ☐
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Supplier References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

_____ _____

Signature *Date*

Automatic Transfer Authorization Form

Your Information	
Name	
Address	
City, State, Zip Code	
Phone Number	
Fax Number	

Your Financial Institution Information	
Name	
Address	
City, State, Zip Code	
Phone Number	
Routing Number	#

Transfer Information	
Frequency	___ Monthly ___ Weekly
Effective Date	___/___/___

Transfer Funds From	
Account Number	#
Account Name	
Account Type	___ Checking ___ Savings ___ Other (describe)

Transfer Funds To First Federal Bank	
Account Number	# 143669
Account Name	Rainbow Sales Distributing, Inc.
Account Type	_X__ Checking

This authorization will remain in effect until I/we give written notice to change it. You may terminate this authorization by providing 15 days written notice.

_____ Signature

_____ Signature

_____ Date

_____ Date

AUTOMATIC PAYMENT WITHDRAWAL FORM (Credit Card, Checking or Savings Account)

☐ Please automatically charge my credit card the following monthly premium for the entire Policy Year $ _____.
Complete the credit card information and sign the Automatic Payment Authorization below to activate this payment method.

☐ Please automatically withdraw payment from my Checking or Savings account for the following Monthly premium for the entire policy year:
$_____ . Complete the bank account information and sign the Automatic Payment Authorization below to activate this payment method.

Important: Please note there is no provision for cancellation of the automatic monthly debit payment option prior to the policy expiration date, other than upon a student's entry into the military service. Students interested in coverage for a term other than the annual coverage should elect an option for payment other than monthly automatic debit.

BANK ACCOUNT

Financial Institution: _____ Address: _____

Name of Bank Account Owner: _____ _____

Drivers License # _____ State _____ Expiration Date _____

Frequency: ( ) Monthly

Account Type: ( ) Checking or ( ) Savings

Routing Number: ☐☐☐☐☐☐☐☐☐ must have 9 digits in routing #

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Can have up to 17 positions in account #

CREDIT CARD ACCOUNT

Credit card billing will state: "Student Health Insurance"

Check credit card type: ☐VISA® ☐MasterCard® or ☐Discover®

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security Code (on back of card, 3 digits) ☐☐☐

Card Expiration Date (Month) (Year) ☐☐ - ☐☐

Cardholder Name/Cardholder Signature _____ (Phone No.) Date ___/___/___ (MM/DD/YY)

Cardholder Address _____
(Street) (City) (State) (Zip)

Automatic Payment Authorization

I authorize the payment of debits drawn on my checking, savings, or credit card account payable to Columbian Life Insurance Company and/or its designee ("the Company"), provided there are sufficient funds in the account. I agree that the Company shall be under no liability whatsoever in the event of one or more dishonored debits, whether any alleged harm or damage is directly or indirectly the result of the dishonor, and whether the dishonor results in the forfeiture of insurance or any other harm or damage.

I hereby waive any requirement for giving notice of premiums due as long as this Authorization is in effect. No premium shall be deemed to have been paid until the Company receives the actual payment which is not subsequently reversed. The use of this Plan shall in no way change the provisions of the policy with respect to the termination of such Policy upon nonpayment of the premium due.

This Authorization shall remain in effect until August 15, 2011. The Company may terminate the Automatic payment plan if any banking or credit card fund transfer is not paid on presentation. Upon termination, premiums due under the Policy shall be payable directly to the Company.

For Monthly premiums, your account will be debited on the 16th of each month through July 16, 2011.

_____ _____
Authorized Signature as it appears on Bank Records or Credit Card Date

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