

# CORPORATE **GIFT CARD** SOLUTIONS PROGRAM

~Gift Card Department: 1-800-653-1774~Fax: **262-703-6500**~For additional program information visit [kohls.com/corpgiftcard](http://kohls.com/corpgiftcard)

**Program Application** - Please complete this form before placing your first order through the Corporate Gift Card program. Please allow 10-14 business days for program application processing. **All requested information must be completed before application can be processed.**

Company Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ SSN or Fed. I.D. \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Corporate Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact Direct Phone Number \_\_\_\_\_

## How did you learn about the Kohl's Corporate Gift Card Solutions Program?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Magazine Advertisement  | <input type="checkbox"/> Telemarketing | <input type="checkbox"/> Newspaper Advertisement        |
| <input type="checkbox"/> Kohl's Department Store | <input type="checkbox"/> Kohls.com     | <input type="checkbox"/> Personal/Business Acquaintance |
| <input type="checkbox"/> Direct Mailer           |  |   |

### Bank Reference

### Business Reference

Name of Institution \_\_\_\_\_

Name of Institution \_\_\_\_\_

Account # \_\_\_\_\_

Contact \_\_\_\_\_

Routing # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

**The Kohl's Corporate Gift Card Solutions Program Proposal must be submitted in conjunction with this Program Application in order for your application to be processed.**

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## Method of Payment for each Corporate Gift Card Order:

Check (Kohl's must receive check payment prior to shipping an order and allow a delay of 7 days on shipment of the first order to allow deposit and processing of the check payment.)

ACH Transaction    ACH Bank \_\_\_\_\_

Routing # \_\_\_\_\_

ACH Bank Account # \_\_\_\_\_    \*Checking     Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

\*Please fax or mail a copy of voided check with application for account verification.

## Mail to:

Kohl's  
Credit-Gift Card Department  
PO Box 3120  
Milwaukee, WI 53201-3120