



Phone (800) 447-1892 Fax (888) 467-3190

Credit@dickblick.com

and UTRECHT ART SUPPLIES

FOR OFFICE USE ONLY

CREDIT SCORE:

Company Name: _____ Phone: _____
 Parent Name: _____ Fax: _____
 Address: _____ Primary _____
 City: _____ State: _____ Zip: _____
 Business Started: _____ FEIN #: _____
 Accounts Payable Email: _____
 Main Contact Email: _____

Bank Reference: _____ Phone: _____
 Address _____ Email _____
 City, State Zip _____ Account #: _____

Trade References (Do not list Credit Card or COD Suppliers)

1) Name _____ Phone: _____
 Address _____ Email _____
 City, State Zip _____ Account #: _____
 2) Name _____ Phone: _____
 Address _____ Email _____
 City, State Zip _____ Account #: _____
 3) Name _____ Phone: _____
 Address _____ Email _____
 City, State Zip _____ Account #: _____

Check any that apply _____ C-Corporation _____ Local, State, Federal Government
 _____ S-Corporation _____ Non-Profit Agency
 _____ Limited Liability Corporation _____ Charter School - Articles of
 _____ Public School _____ Incorporation required
 _____ Brick & Mortar Retailer _____ Sole Proprietorship/Partnership

MacPherson # (if applicable): _____ Tax Exempt # (if applicable) _____
send copy of exemption certificate

Estimated Annual Purchases (\$): _____ Peak Month Purchases (\$): _____
 Purchase Order Required? _____ Yes _____ No _____ Other : _____

Applicant's signature attests the organization's financial responsibility and agreement to pay our invoices in accordance with our Terms of Net 30 Days from Invoice Date. The organization agrees to pay all collection fees in case of default or failure to pay within our Terms. The undersigned authorizes Dick Blick Holdings/Utrecht to obtain credit information from the supplied credit, trade, and bank references, as well as third-party sources of credit relating to the applicant. The undersigned understands that Dick Blick Holdings, Inc./Utrecht reserves the right to cancel or suspend credit privileges at any time it deems necessary.

Undersigned agrees that any fee charged by the bank for providing bank reference will be the responsibility of the applicant to pay.

***There will be a 3% fee charged by Blick/Utrecht for all invoices that are paid by credit card.**

Signature: _____ Title: _____ Date: _____

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL SLOW DOWN APPLICATION PROCESS