

PO Box 1267 Galesburg, IL 61401

CBT: _____

CST: _____



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

and UTRECHT ART SUPPLIES

FOR OFFICE USE ONLY

CREDIT SCORE:

Company Name: _____ Phone: _____
 Parent Name: _____ Fax: _____
 Address: _____ Accounts Payable Email: _____
 City: _____ State: _____ Zip: _____
 Business Started: _____

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

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

1) Name _____ Phone: _____
 Address _____ Fax: _____
 City, State Zip _____ Account #: _____

2) Name _____ Phone: _____
 Address _____ Fax: _____
 City, State Zip _____ Account #: _____

3) Name _____ Phone: _____
 Address _____ Fax: _____
 City, State Zip _____ Account #: _____

Check One _____ C-Corporation _____ Local, State, Federal Government
 _____ S-Corporation _____ Non-Profit Agency
 _____ Limited Liability Corporation _____ Charter School - Articles of
 _____ Public School _____ Incorporation required

***NOTE: Dick Blick does not extend credit to Sole Proprietorships or General Partnerships

Tax Exempt # (if applicable) _____

Estimated Total Monthly Purchases From Us: _____

send copy of exemption certificate

Purchase Order Required? _____ Yes _____ No _____ Other : _____

Applicant's signature attests the school or business entity's financial responsibility and willingness to pay our invoices in accordance with our Terms of Net 30 Days from Invoice Date. The School or business entity agrees to pay all collection fees in case of default of payment within our Terms. The undersigned authorizes Dick Blick Holdings 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. reserves the right to cancel or suspend open account 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.

Signature: _____ Title: _____ Date: _____

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL SLOWDOWN APPLICATION PROCESS