



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

**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

Federal ID / Soc. Sec. #: \_\_\_\_\_ 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**