



CREDIT APPLICATION

No. of Pages _____
(including cover sheet)

1111 Wheeling Road, Wheeling IL 60090-5795
PHONE: 1.800.323.7556
FAX: 1.800.435.5707

BUSINESS INFORMATION:

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
STREET

CITY AND STATE ZIP CODE

BILLING ADDRESS: _____
STREET

CITY AND STATE ZIP CODE

PHONE NUMBER: _____

ACCOUNTS PAYABLE CONTACT: _____

BUSINESS HISTORY:

DATE BUSINESS ESTABLISHED: _____

PARTNERSHIP CORPORATION PROPRIETORSHIP

BANK REFERENCE:

BANK NAME: _____

ACCOUNT NUMBER: _____ CHECKING SAVINGS

ADDRESS: _____
STREET CITY AND STATE ZIP CODE

PHONE NUMBER: _____ FAX NUMBER: _____

TRADE REFERENCES (3):

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____
STREET CITY AND STATE ZIP CODE

PHONE NUMBER: _____ FAX NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____
STREET CITY AND STATE ZIP CODE

PHONE NUMBER: _____ FAX NUMBER: _____

NAME: _____ ACCOUNT NUMBER: _____

ADDRESS: _____
STREET CITY AND STATE ZIP CODE

PHONE NUMBER: _____ FAX NUMBER: _____

PAYMENT METHOD:

CASH IN ADVANCE DEBIT/CREDIT CARD

OPEN ACCOUNT BILLED WITH 30 NET TERMS

CARD TYPE: MASTERCARD VISA AMEX CORP

CARD #: _____

EXP DATE: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the release of required credit reference information to Block and Company, Inc. for purposes of establishing an open credit account.

SIGNATURE DATE

For an open account, bank and trade references must be completed above. Upon approval of references, your account will be opened on Net 30 terms.