

Brick Distributors of Illinois

DISTRIBUTOR/MANUFACTURER APPLICATION

Company Name: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Effective Date of Membership: _____

Manufacturers are invoiced monthly and contribute at a rate of ½ of 1 % of FOB bricks, shipped into the Illinois market. Invoices are payable within 30 days.

(Example: Total monthly FOB Brick shipped to Illinois x \$.005 = \$_____)

I hereby agree to the terms and conditions as set forth above.

Signature: _____

Date: _____

Please direct any questions regarding membership to Ken Mark-President, of the Brick Distributors of Illinois at 847-662-8245.

Payments are to be remitted to: Brick Distributors of Illinois

c/o Kathy Kurzawa

1440 Renaissance Dr. Suite 340

Park Ridge, IL 600568

847-297-6704 office 847-297-8373 fax