

CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

YEARS IN BUSINESS _____ CORPORATION ____ PARTNERSHIP ____ SOLE PROP. _____

PRINCIPAL OWNERS OR OFFICERS:

Name _____ Title _____

Name _____ Title _____

A/P Person to Contact _____

REFERENCES:

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

WE BELIEVE THAT OUR FIRM IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE HAVE MADE AND WE AGREE TO PAY YOUR INVOICES ACCORDING TO YOUR TERMS. WE AUTHORIZE THE REFERENCES LISTED TO PROVIDE NECESSARY CREDIT INFORMATION.

Signed by _____ Title _____ Date _____

**Fax to 330-863-2265 Attention: Tim Griffin
or Mail to the Kopp Clay Company
3266 Coral Rd NW
PO Box 488
Malvern, Ohio 44644-9462
Attn: Tim Griffin**