

Omya Specialty Materials Inc 9987 Carver Road, Suite 300 Cincinnati, OH 45242 (513) 387-4600

CREDIT APPLICATION						
Date of Application:		Years in Business:		Annual Sales:		

BILLING INFORMATION						
Company Name:						
Address:						
	City:		State:		Zip Code:	
Phone Number:						
Invoicing Email:			A/P Email:			
SHIPPING INFORMATION (if different from billing information)						
Company Name:						
Address:						
	City:		State:		Zip Code:	
Phone Number:			Fax Nun	nber:		

BUSINESS INFORMATION						
	Corporation	Franchise	Partnersh	nip Sole Proprietorship		
Type of	Incorporated for less than two (2) years DBA as:					
Business:	Division/Subsidiary of (Name & Address):					
Officer Name:			Title:			
Officer Name:			Title:			
Officer Name:			Title:			
Accounts Payable Contact			E-Mail:			
Tax Exempt:	Yes N		x Exempt ımber:			
				Daily Weekly Monthly		
Federal Tax ID:		Check Runs:		Other:		
State of Incorporation:		DU	NS#:			



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BANK REFERENCE						
Bank Name:	Contact Name :					
Address:						
	City:		State:		Zip Code:	
Phone Number:	Fax Number:					
Account Number:						

TRADE REFERENCES						
Company Name:		Your Terms:				
Address:						
	City:	State:	Zip Code:			
Contact Name:		How Long?				
Phone Number:		Fax Number:				
Company Name:		Your Terms:				
Address:						
	City:	State:	Zip Code:			
Contact Name:		How Long?				
Phone Number:		Fax Number:				
Company Name:		Your Terms:				
Address:						
	City:	State:	Zip Code:			
Contact Name:		How Long?				
Phone Number:		Fax Number:				
Company Name:		Your Terms:				
Address:						
	City:	State:	Zip Code:			
Contact Name:		How Long?				
Phone Number:		Fax Number:				



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AUTHORIZED SIGNATURE

By signing below, you acknowledge that your company agrees that all transactions with Omya, Inc. will be governed

by Omya's Terms and Conditions (U.S. and Canada). You acknowledge that you have been provided with a copy of the Terms and Conditions (U.S. and Canada). You represent that you have reviewed and understand the Terms and Conditions (U.S. and Canada) and agree that they constitute the entire terms of all transactions between Omya, Inc. and your company. The Terms and Conditions (U.S. and Canada) are also available at www.omya-na.com/termsandconditions .							
Authorized Signatu	ıre:			Date:			
Printed Name:		Title:					
This section must be completed if your company is a Partnership, Sole Proprietorship, Unincorporated, or Incorporated for less than two (2) years. I agree that if my business is any of the above, I authorize Omya, Inc. to investigate my personal credit, financial records and bank records. I understand that my personal credit bureau may be requested to partake in the investigation of my financial records. I agree to personally guarantee the payment of the debt and I understand that any negative information including failure to make required payments might be reported to the appropriate reporting agency.							
Legal First Name:	Last Name :						
Address:							
	City: State: Z			ip Code:			
Home Phone:	ome Phone:						
Birth Date:	Social Security Number:						
Signature:	Date:						

PLEASE RETURN COMPLETED **REMIT TO ADDRESS: APPLICATION TO:** Omya Specialty Materials Inc Omya Specialty Materials Inc PO Box 734749 Long Beach = Orders.uslc@omya.com Chicago, IL 60673-4749 Cincinnati = Omyadistribution.usci@omya.com New Jersey = Orders.uskl@omya.com Routing and Transit Number - 021000021 Swift code - CHASUS33 Required documents: ACH Routing Number - 044000037 Account Number - 512008316 W9 Remit email - contact_ar_us@omya.com Resale or Tax Exempt Certificate Phone - 513-387-4649

Please reference our terms and conditions at www.omya.com