



2960 Niagara Ln N  
Plymouth, MN 55447  
Local Phone: 763-432-0875  
Long Distance: 800-CLAY-USA  
Fax: 763-432-7675

## Distributor Account Application

Please type or print clearly

### PART ONE: Business Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years in Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Business Description: Please describe your business in terms of markets or key customers served and products and services offered.

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What is your primary market? \_\_\_\_\_

**PART TWO: Financial Assessment**

Please list financial officers and/or those responsible for accounts payable:

Name

Title or Position

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Business and/or trade references**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Agreement:**

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application, you authorize Minnesota Clay Co. USA to make enquiries to the banking, savings, business, and/or trade references you have supplied.

**Signature**

**Title**

**Date**

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