



Innovative Ceramic Corporation

Creative Solutions to Product Identification & Decoration

Product Identification Application Requirements

Name _____ Job Title _____ Date _____

Company _____

Mailing Address _____

Shipping Address _____

City _____ State _____ Zip _____ - _____

Country _____ E-mail _____

Telephone _____ Ext. _____ Fax _____

How did you hear about us? _____

What prompted your interest in our products? _____

Materials to be marked (Identify those glazed)? _____

What ingredients cannot be in the ink? _____

How should the mark be applied? Brush Decal Ink Jet Spray Stamped Stencil Pad

printing Screen printing Pen Other (Please specify) _____

At what point in the process will the product be marked (Check all that apply)? Green state Wet or Dried

Before glaze After glaze Bisque After fire Other (Please specify) _____

Will the mark be handled? Yes No How soon will the product be handled? _____

Firing temperature _____ F° _____ C° Pyrometric cone _____ Fire cycle (Start to fire off) _____

Hold time _____ Hold temperature _____ Ink color Doesn't matter Has to be _____

Color coded temperatures _____

What are you doing now in marking your product, and how do you want it to change? _____

Additional comments about the process (Multiple firings, etc.) _____

We Manufacture Rubber Stamps For Your Marking Applications

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