

# GEOPROBE SYSTEMS®

## CREDIT APPLICATION FORM

### PRINT OR TYPE PLAINLY

*Please fill in all information.*

Legal Name of Business: \_\_\_\_\_

Subsidiary of (if applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ FAX: \_\_\_\_\_

County: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Corporation  Partnership  Proprietor  Other

Dun & Bradstreet Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Have You Ever Filed For Bankruptcy? Yes  No  Federal I.D. Number: \_\_\_\_\_

Tax Status: Not Exempt  Exempt\*

*\*Must include copy of Tax Exempt Certificate applicable for each state.*

Name of Firm's 1<sup>st</sup> Officer/Owner: \_\_\_\_\_ Phone Number & Extension: \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### TRADE REFERENCES

*Please include email addresses.*

1. Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### BANK REFERENCE

*Any information not provided will delay processing your order. Please be assured all information is kept strictly confidential.*

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

Account Number: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### AGREEMENT

*I hereby agree with Geoprobe Systems®' credit terms that are net due 30 days from date of invoices with finance charges of 1.5% per month on past due accounts. Credit card shipments are required from companies without established credit. Should any portion of an invoice be disputed, it is agreed payment will be made for the undisputed portion according to its terms.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Email this credit information form to [ar@geoprobe.com](mailto:ar@geoprobe.com) Attn: Accounts Receivable.  
You will be sent an approved confirmation with your customer number to use when ordering.