

Fax this form to: 785-825-2097
Attn: Accounts Receivable

**GEOPROBE SYSTEMS®
CREDIT APPLICATION FORM**

(Please fill in all information.)

PRINT OR TYPE PLAINLY

Legal Name of Business: _____

Subsidiary Of (if applicable): _____

Contact Person: _____ email: _____

Business Address: _____ Phone No. _____

Shipping Address: _____ Fax No. _____

County: _____ City, State, Zip: _____

Date of Incorporation: _____ Corporation Partnership Proprietor Other

Dun & Bradstreet No.: _____ Type of Business: _____

Have You Ever Filed For Bankruptcy? Yes No Federal I.D. No.: _____
(required)

Tax Status: Not Exempt Exempt* (*Must include copy of Tax Exempt Certificate Applicable for Each State)

Name of Firm's 1st Officer/Owner: _____ Phone No./Extension _____

ACCOUNTSPAYABLEINFORMATION:

Contact Name: _____ Address: _____

Phone Number: _____

FAX Number: _____ City/State/Zip: _____

TRADEREFERENCES:

PLEASE INCLUDE FAX NUMBERS!

1. Name: _____ Account No.: _____

Address: _____ Phone No.: _____

FAX No.: _____

2. Name: _____ Account No.: _____

Address: _____ Phone No.: _____

FAX No.: _____

3. Name: _____ Account No.: _____

Address: _____ Phone No.: _____

FAX No.: _____

BANKREFERENCE:

Bank Name: _____ Address: _____

Account #: _____

Bank Officer: _____ Phone Number: _____

FAX Number: _____

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

I hereby agree to comply with Geoprobe Systems' credit terms, which are net due 30 days from date of invoice with finance charges of 1.5% per month on past due accounts. COD 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 X _____

Title _____

Date _____

Fax this credit information form to 785-825-6983. You will be sent an approved confirmation with your Customer Code to use when ordering.