

COMPANY INFORMATION

*****Please Type or Print Clearly*****

All information obtained on this form will be kept in the strictest confidence

Name of Firm or Individual _____			Phone () _____ - _____		
Address _____			Web address _____		
City _____	State _____	Zip _____	Email address _____		
Federal Tax I.D. # _____			How long in business under this name? _____		
(Check One) Corporation _____ Partnership _____ Individual _____ LLC _____					
Type of Business _____			FEDEX / UPS No. _____		
Accounts Payable Contact Name: _____			Phone: _____		
AP email: _____					
ADDITIONAL OFFICES TO BE SERVICED UNDER THIS ACCOUNT? PLEASE LIST SEPARATELY.					

COMPANY PROFILE

1) _____	2) _____
Name of principals	
3) _____	4) _____

I/we heard about EXI through: _____ word of mouth _____ internet search _____ email ad _____ print ad

We certify that all the information on this form is correct. We fully understand your credit terms (net 30) and agree to the proper payment in consideration of extended credit. We accept responsibility for costs of collections of delinquent account. Exploration Instruments is authorized to check credit of the above listed company for purposes of establishing a credit account.

Signed _____

Date _____ 20 _____

Title _____

Mail, email to: **Service@expins.com**