

## APPLICATION FOR CREDIT

**\*\*\*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 _____			( ) _____ - _____ Fax
City _____	State _____	Zip _____	Internet address/ e-mail address _____

ADDITIONAL OFFICES TO BE SERVICED UNDER THIS ACCOUNT? PLEASE LIST SEPARATELY.

### COMPANY PROFILE

Federal Tax I.D. # _____	How long in business under this name? _____		
(Check One) Corporation _____	Partnership _____	Individual _____	LLC _____
Type of Business _____	FEDEX / UPS No. _____		
1) _____ Name of principals	2) _____		
3) _____	4) _____		

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 or fax to:

**Exploration Instruments, LLC.**  
**2808 Longhorn Blvd. Suite 304 Austin, TX 78758**

**Phone: 512/346-4042**  
**Fax: 512/832-5233**