

CREDIT APPLICATION

Groundwater Analytical, Inc.
P.O. Box 1200, 228 Main Street
Buzzards Bay, MA 02532
FAX: 508-759-4475

Legal Company Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____

Type of Business: _____ Year Established: _____

Legal Structure: ___ Corporation ___ Partnership ___ Sole Proprietorship

If Incorporated: State of Incorporation: _____ Year of Incorporation: _____

Number of Employees: _____ Federal Tax ID Number: _____

Billing Contact Name: _____

Telephone: _____ Email Address: _____

Company Owner(s)	Title	Address
1. _____		
2. _____		
3. _____		

Three Trade References	Address	Telephone and FAX Numbers
1. _____		
2. _____		
3. _____		

Bank: _____ Telephone: _____

Account Number: _____ Officer: _____

Dun & Bradstreet Number: _____

I hereby certify that the information in this credit application is accurate and correct. The information in this application is for use by Groundwater Analytical, Inc. in determining the amount and conditions of credit to be extended. I authorize the bank and trade references listed in this application to release the information necessary to assist Groundwater Analytical, Inc. in making a credit decision. I understand that Groundwater Analytical, Inc. may also utilize other sources of credit information in making this determination.

Signature: _____ Printed Name: _____

Title: _____ Date: _____

**TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED.
All invoices are subject to Groundwater Analytical's Standard Terms & Conditions.**