

GEONIX OPERATING LP
 dba GeonixLP
 P.O. Box 2169 Kilgore, Texas 75663
Phone: (903) 472-4477 **Fax:** (903)983-3259 **Sales:** (903) 983-3249
CREDIT APPLICATION FOR A BUSINESS ACCOUNT



Name of GeonixLP Representative :

Complete the information below, sign and submit electronically or email completed form to credit@geonixlp.com

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone: Fax: E-mail:

Registered company address:

City: State: ZIP Code:

Date of business formation:

Sole proprietorship: Partnership: Corporation: Other:

Other operating name or DBA:

Name & Contact Information for all Principals, Owners and/or Partners:

Name: Email: Cell Phone:

Name: Email: Cell Phone:

Name: Email: Cell Phone:

Name: Email: Cell Phone:

Credit Amount Requested:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account: Account number:

Savings

Checking

Other (please specify)

BUSINESS/TRADE REFERENCES

Company name:

Contact name: Contact's Direct Phone:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Contact name: Contact's Direct Phone:

Address:

City: State: ZIP Code:

Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Contact name:	Contact's Direct Phone:	
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
BUSINESS INFORMATION		
State Tax ID:	Federal EIN or SSN:	D&B Number:
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		
ACCOUNTING INFORMATION		
A/P Contact Name: _____ A/P Contact Phone: _____ A/P Contact Email: _____		AFE # Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Lease Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Well # Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	P.O. Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Instructions:		
TERMS GOVERNING YOUR ACCOUNT		
<p>DESCRIPTION OF ACCOUNT: Upon approval Geonix Operating LP will provide Debtor with a credit account which allows for flexible repayment of your purchases under the terms and conditions stated below. You agree to pay for all purchases, finance charges and other fees and charges made on your credit account.</p> <p>MONTHLY STATEMENT AND PAYMENT: You will receive a monthly statement listing your credit charges during the preceding billing period. Unless otherwise agreed, you must pay the account balance shown on your statement in full on or before the payment due date shown on your statement.</p> <p>FINANCE CHARGES: You pay a finance charge for your purchases of goods and services on any part of the balance which remains unpaid 30 days after the invoice date. The monthly periodic rate used to calculate the finance charge is 1.5%, which is equal to an annual percentage rate (APR) of 18.0%.</p> <p>Adjusted Balance Method: We calculate the finance charge by applying the monthly periodic rate to the financed amount shown on your billing statement. This amount is calculated by taking the balance at the end of the previous billing cycle and subtract any unpaid finance charge of seventy-five cents (\$0.75) will be charged for that billing period, except where prohibited by law.</p> <p>DEFAULT: You will be in default if you fail to pay a minimum payment when due on two occasions within any 12-month period, or if your new balance exceeds your credit limit. We have the right to declare your entire unpaid balance immediately due and payable if you do not resolve the default within fifteen (15) days after receiving a written default notice. We have the right to reduce your credit limit or to withdraw credit privileges at any time without prior notice. Except where prohibited or limited by law, if your account is referred to outside legal counsel for collection, you agree to pay all reasonable legal fees.</p> <p>ASSIGNABILITY: Geonix Operating LP may assign its rights under this Agreement; you may not do so without Geonix LP prior written consent.</p> <p>MISCELLANEOUS: Except where prohibited by law, you agree to pay a return check fee of ten (10) dollars.</p>		

VENUE: The parties stipulate and agree that the venue for any proceeding involving or arising under this Agreement, or any other dispute between the parties hereto, shall be Gregg County, Texas. This Agreement shall be governed by and construed under the laws of the State of Texas. Further, the parties hereby agree that an order from a court of the State of Texas may be entered as a sister-state judgment in the court of any other State.

CHANGE OF TERMS: GeonixLP reserves the right to change the terms of this Agreement at any time in accordance with applicable law.

AGREEMENT

1. By submitting this application, I authorize Geonix Operating LP to make inquiries into the banking and business/trade references that I have supplied.
2. I hereby apply for a credit account and agree to pay all authorized charges on the account in accordance with the payment terms and conditions set forth in the credit agreement applicable to this account.
3. I hereby certify that the information given above is true and correct and hereby authorize the company to obtain such credit information as may be required by the company to assess my credit worthiness.

SIGNATURES

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

PERSONAL GUARANTY – TO BE COMPLETED BY COMPANY OWNER ONLY

I understand and agree that should credit be extended, all payments are due on or before 30 days from date of invoice and each payment or amount past due shall bear a finance charge of 1.5% interest per month (18% APR), not to exceed the legal limit. Due to my business circumstances, I personally accept liability for this account and agree to pay all costs, including reasonable legal fees, required to collect any unpaid debt. By signing below and on the attached authorization, I acknowledge and approve my bank(s) to release my personal bank information so that the Company can determine my ability to pay all invoices.

Printed Name:

Signature: _____

Date: _____

Social Security #: ____-____-_____

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**AUTHORIZATION TO RELEASE COMPANY-SPECIFIC INFORMATION
FOR THE PURPOSE OF BEING GRANTED CREDIT**

I/we have applied for credit and hereby authorize the release of any account or credit information requested by Geonix Operating LP, including checking, savings and loan bank information.

Company/Bank Name:

Address:

Person Applying for Credit:

Signature of Credit Applicant:

Date:

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PERSONAL GUARANTY
AUTHORIZATION TO RELEASE **PERSONAL** BANKING INFORMATION
FOR THE PURPOSE OF BEING GRANTED CREDIT

I have applied for credit with Geonix Operating LP and have signed a personal guaranty. I hereby authorize the release of any account or credit information requested by Geonix Operating LP, including the balances for all personal checking, savings and loan accounts.

Company/Bank Name:

Address:

Person Applying for Credit:

Social Security Number:

Signature of Credit Applicant:

Date: