



GEOKINETICS VENDOR SET UP FORM
PO BOX 421129 HOUSTON, TX 77242

FORM MUST BE COMPLETELY FILLED OUT FOR ALL NEW VENDORS

REQUIRED DOCUMENTATION (Check all applicable)			
W9 OR W8 <input type="checkbox"/>	MUTUAL CONFIDENTIALITY AGREEMENT <input type="checkbox"/>	ACH FORM & VOIDED CHECK <input type="checkbox"/>	
VENDOR INFORMATION			
VENDOR NAME			
COMPLETE <u>PHYSICAL</u> ADDRESS, CITY, STATE, ZIP			
COMPLETE <u>REMIT</u> TO ADDRESS, CITY, STATE, ZIP			
PAYMENT TERMS:	Net -60	DELIVERY TERMS: Circle Applicable	FOB Destination / Other: _____
BUSINESS CLASSIFICATION			
Does your Business qualify as any one of the following type of classifications? Circle all applicable	MINORITY OWNED SERVICE-DISABLED VETERAN OWNED SMALL BUSINESS VETERAN OWNED WOMEN OWNED	Other (Please Specify)	
TYPE OF BUSINESS			
Are you providing any one of these type of services for Geokinetics? Circle all applicable	GOODS AND SERVICES HUMAN RESOURCES REPAIR SERVICES UTILITIES TELECOMMUNICATIONS TRAVEL VENDOR LOGISTICS SEISMIC SUBCONTRACTOR - DRILLING SUBCONTRACTOR - HELICOPTER SUBCONTRACTOR - MARINE SUBCONTRACTOR - SURVEYING SUBCONTRACTOR - VESSELS	Other (Please Specify)	
PRIMARY GEOKINETICS CONTACT (Geokinetics Employee you will primarily work with)			
NAME	PHONE	FAX	EMAIL
REPRESENTATIVE CONTACT			
NAME	PHONE	FAX	EMAIL
ACCOUNTING CONTACT			
NAME	PHONE	FAX	EMAIL
VENDOR WEBSITE			