



**CREDIT APPLICATION**

I understand that the following information is being given in order for you to determine my credit standing for the purpose of providing services to me. I affirm that the following information is true and correct. By signing this application, I am granting permission to ECLIPSE TRANSERVICES CORPORATION to contact the individuals listed below, obtain such additional information as you may need to determine my creditworthiness and to otherwise verify the information I have given, including the right to seek a credit report. I further authorize you to disclose any of this information to credit agencies and other creditors. I understand acceptance of this Application does not constitute an extension of credit nor a promise to extend credit. Any extension of credit does not constitute a promise to extend additional or future credit.

**Legal Name of Firm or Individual Applicant** \_\_\_\_\_

**Principal Place of Business**

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 E Mail Address \_\_\_\_\_ Web Address \_\_\_\_\_  
 Primary Contact Person \_\_\_\_\_ Home Phone Number \_\_\_\_\_

**Billing Information (if different than address above)**

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 E Mail Address \_\_\_\_\_ Web Address \_\_\_\_\_  
 Primary Billing Contact \_\_\_\_\_ Are Purchase Order Numbers Required? YES NO  
 Do you provide written confirmations on orders? YES NO  
 Do you accept invoices via email? YES NO Originals Required? YES NO  
 Email Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Contact Name \_\_\_\_\_  
 What are your payment Terms? \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Business was Formed \_\_\_\_\_  
 Corporation \_\_\_\_\_ Limited Liability Co. \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Other \_\_\_\_\_  
 Federal Tax ID Number \_\_\_\_\_ FWHA or ICC Number \_\_\_\_\_  
 If you are not a Corporation, state your SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name and Address of your Registered Agent for the State of Nebraska \_\_\_\_\_

**Names, Addresses, Telephone Numbers, and Social Security Numbers of all Officers and/or Partners**

- 1) \_\_\_\_\_ SSN \_\_\_\_\_
- 2) \_\_\_\_\_ SSN \_\_\_\_\_
- 3) \_\_\_\_\_ SSN \_\_\_\_\_
- 4) \_\_\_\_\_ SSN \_\_\_\_\_

**Initialed by Applicant** \_\_\_\_\_ **Initialed by Witness** \_\_\_\_\_

Has the applicant or its owners (if a corporation, company, or partnership) ever filed for bankruptcy? YES NO

If yes, explain \_\_\_\_\_

Are there any judgments against the business or its owners? YES NO

If yes, explain \_\_\_\_\_

Has the applicant ever been the subject of a repossession, collection, receivership, or similar legal proceedings? YES NO

If yes, explain \_\_\_\_\_

**TERMS AND CONDITIONS OF SERVICES PROVIDED**

In the event that credit is issued to me by ECLIPSE TRANSERVICES CORPORATION, Applicant agrees to be bound by the following terms and conditions for all future services provided to applicant by ECLIPSE TRANSERVICES CORPORATION

1. Unconditional terms of the sales of services by Eclipse Transervices Corporation are payment in full in U. S. Dollars within 15 days of Applicant being invoiced by Eclipse Transervices Corporation, unless agreed to otherwise in writing or contract.
2. Applicant will advise in writing of any employees or representatives who are not authorized to accept transactions in behalf of the Applicant.
3. Applicant will pay a service charge of 1.5% per month (18% per annum) on any amounts past due 30 days past billing date.
4. The laws of the State of Nebraska shall apply to this contract. The venue for any controversy arising out of this contract shall be in Gage County, Nebraska, and applicant agrees to personal jurisdiction in this venue. Eclipse Transervices Corporation may use any legal means, including but not limited to, seeking judicial relief against you for collection of an unpaid account. The prevailing party shall be entitled to an award of its attorney's fee and collection costs from the losing party if so ruled by the court.

By signing this credit application, I affirm that I am authorized to obtain credit on behalf of the applicant and to otherwise bind the applicant unconditionally to the terms and conditions set forth above, jointly and severally.

In the event the applicant does not comply, I personally guaranty payment in full within 15 days. In the event that I am not so authorized, by signing this credit application, I agree to be personally liable under the terms and conditions of Eclipse Transervices Corporation set forth above.

I have read, initialed, and unconditionally agree to the preceding terms on pages 1,2 and 3

Signed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Witnessed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Office Use Only:

Approved \_\_\_\_\_ By \_\_\_\_\_

Denied \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Authorization for Release of Credit References

## BANK REFERENCES

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax # \_\_\_\_\_  
Account # \_\_\_\_\_ Type of account(s)    Checking    Savings    Loan

## CARRIER - CREDIT REFERENCES (any carrier that has hauled for you in last 2 yrs)

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Credit Line \_\_\_\_\_ Terms \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Credit Line \_\_\_\_\_ Terms \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Credit Line \_\_\_\_\_ Terms \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Credit Line \_\_\_\_\_ Terms \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_

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Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signed By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_