



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.

Full 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 Address (if different than address above)

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E Mail Address: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 Primary Contact Person: \_\_\_\_\_ Are Purchase Order Numbers Required? \_\_\_\_\_

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 you 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: \_\_\_\_\_

Has the applicant or its owners (if a corporation, company, or partnership) ever filed for bankruptcy: \_\_\_\_\_ If yes, explain:  
 \_\_\_\_\_

Are there any judgments against the business or its owners: \_\_\_\_\_ If yes, explain:  
 \_\_\_\_\_

Has the applicant ever been the subject of a repossession, collection, receivership, or similar legal proceedings: \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_

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

**BANK REFERENCES:**

Name of Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

**CREDIT REFERENCES: (Charge Accounts, Loans, Contract Purchases, etc.)**

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

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

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

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

**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 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 to the terms and conditions set forth above, jointly and severally. 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 and 2:

Signed By:

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witnessed By:

\_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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