



Hello!!

Thank you for checking out our website. I founded Eclipse Transervices Corporation in 1992 near Virginia, Nebraska. In August of 1997, we moved our operation to Beatrice, Nebraska. We offer a variety of services to shippers, traders, receivers, and trucking companies. Among them are transportation brokering, transportation and management consultation, factoring, computer and Internet services, compliance auditing, equipment leasing, hopper trailer rentals, and other related services. Eclipse is a member of the Nebraska Trucking Association and I have served on its Board of Directors for several years.

Being a licensed and bonded freight broker, we provide service throughout the United States and Canada. Our time-tested relationships with our shippers and authorized carriers allow us to provide transportation solutions for nearly every need. We specialize in dry bulk and organic transportation, but we also have experience and contacts in most areas of truck transportation.

My background in truck transportation began in 1974. I have owned and managed fleets with hoppers, pneumatics, tanks, vans, reefers, and flatbeds in a number of managerial positions for both global and regional carriers in a number of geographical areas. This experience and knowledge is utilized to recommend options for any movement, large or small, to provide the service and administration needed to surpass the requirements. I have a very talented staff and support team.

Marci York joined our company in 1998 and Sheri Zulauf in 2004. They are very proficient truck transportation brokers. They coordinate loads with our 800+ authorized carriers nearly every day and advise our customers of any delays or problems that arise.

Jennifer and Derreck Furse Operations Managers specializing in Dedicated Dispatch for our dedicated owner operator fleet pulling hoppers and end dumps and broker loads to our approved Brokered Truck Owner Operators.

Mark Warren provides customer service as it relates to our billing and payable departments, invoicing via email & regular mail, digital imaging, processing quick pay options to our trucks, monitoring the compliance of our customers and carriers, and qualifying new customers and carriers to our organization.

Our web site [www.eclipsetrans.com](http://www.eclipsetrans.com) contains information useful to dry bulk and organic traders and truckers in addition to our LoadManager load and truck web posting system shows loads and trucks we have available. Our dispatchers are connected to the Internet with a T-1 line, which gives them the ability to communicate quickly with customers and truckers alike via websites or email when a telephone call isn't necessary. Eclipse also provides digital imaging services and maintains digital images of all shipping and receiving documents for several years. We also offer billing via email to eliminate mail time, lost & damaged mail, and paper handling with files you can review, print if you need it, or store in your server immediately as a PDF file. We will continue to utilize the cutting edge of technology to ensure our ability to provide the best service we can.

References are available upon request. Should you have any specific needs or questions, please let us know. We appreciate your interest in us and look forward to the opportunity to serve you.

Sincerely,

Ron J. Mencil

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Eclipse Transervices Corporation</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> <b>C Corporation</b> <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) <b>513 East Court Street 2nd Floor PO BOX 68</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Beatrice NE 68310</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>												
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<b>or</b>												
<b>Employer identification number</b>												
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4	7	-	0	7	5	6	6	4	2			

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Don J. Muel, President</i>	Date ▶ <b>12/8/2016</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# FMCSA Motor Carrier

USDOT Number: **2215735**  
Docket Number: **MC254050**  
Legal Name: **ECLIPSE TRANSERVICES CORPORATION**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **513 EAST COURT STREET-2ND FLOOR  
BEATRICE, NE 68310-0068**  
Business Phone: **(402) 223-2411** Business Fax: **Fax: (402) 223-2401**  
Mail Address: **P O BOX 68  
BEATRICE, NE 68310-0068**  
Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>	
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>	
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods: <b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>	

## Insurance Requirements:

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$1,000,000</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>	Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>		
BOC-3:	<b>YES</b>	Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>		

Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments: **FILED FOR GENERAL COMMODITY AUTH. IN 48 STATES IN SUB 0**

## Active/Pending Insurance:

Form:	<b>84</b>	Type:	<b>SURETY</b>	Posted Date:	<b>10/01/2013</b>
Policy/Surety Number:	<b>1000977136</b>	Coverage From:	<b>\$0</b>	To:	<b>\$75,000*</b>
Effective Date:	<b>10/01/2013</b>	Cancellation Date:			

Insurance Carrier: **AMERICAN CONTRACTORS INDEMNITY COMPANY**  
Attn: **ICC BROKER - RENEWAL DEPARTMENT**  
Address: **601 S. FIGUEROA STREET, SUITE 1600  
LOS ANGELES, CA 90017 US**  
Telephone: **(310) 649 - 0990** Fax: **(310) 649 - 0033**

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.



**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 \_\_\_\_\_

The above information is being given in order for Eclipse Transervices Corp 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 authorization, I am granting permission to ECLIPSE TRANSERVICES CORPORATION to contact the individuals listed above to obtain such additional information to determine my creditworthiness and to otherwise verify the information I have given, including the right to seek a credit report.

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