

Please return via E-Mail, mail or fax. Attn: Credit Department PO Box 411117 Melbourne, FL 32941

(321)250-6391 or arcanada@eclipseia.com

CREDIT APPLICATION

Instructions: Please print or type. Fill in all spaces and complete by signing where indicated. A signature is mandatory and must be signed by owner, partner or corporate officer, stating title. A facsimile signature will be deemed the same as an original.

Full Business Name:					_
Business Name (DBA)	:				_
Billing Address:					_
	(street address)			(city, prov, postal)	
Shipping Address:	(street address)			(city, prov, postal)	—
Phone #:		_Fax #:			
Web address					
Accounts Payable Cont	act:				
Additional Key Contact Person:					
	Name			Title	
Phone #:		Fax #:			
E-Mail:					
☐ Corporation	Partnership	LLC	LLP	Sole Proprietor	
Trade References					
Company Name:		Trad	e Contact:		
Address:	(street address)			(city, state, zip)	
Phone #:					
Company Name:	Trade Contact:				
Address:					
	(street address)			(city, state, zip)	

Please feel free to attach your credit references on an alternate document



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Owner(s)/Officer(s) Names
(Corporate Officers need not complete * items
Name

Name Title E-Mail Phone: Have any of the above ever had a business failure or filed any type of bankruptcy proceeding? Yes No If yes, please provide a full explanation on a separatepage. The above statements are certified to be true and correct and are submitted in support of and as part of the application for credit herein. Credit Terms: Invoice terms are Due upon Receipt and are to be paid in Canadian dollars. If invoices are not paid within (30) days of the invoice date, Eclipse Advantage reserves the right to charge interest at the rate of one and one-half percent (14 month. The undersign hereby agrees to pay all collection costs, including court costs and reasonable attorney's fees necessary tany delinquent balance due. Note: Eclipse IA personnel do not have access to carrier paperwork, including Pro Numbers or Bill of Lading Numbers, on the dock and these cannot be reflected on invoices unless furnished to Eclipse Advantage by your company directly. Please be sure that this form is filled out completely to avoid delays in processing your application for credit. Thank you for the opportunity to be of service. SIGNED: (Full Name of Firm) By: (Member of Firm) Print Name: Tride: Date: Credit History Release Agreement Trade References may require that a written release be obtained before credit information will be provided to Eclipse Advantage. Please sign in the space indicated below so your credit application may be completed. Thank you for your cooperation. I authorize credit information be given to Eclipse IA at any time. Company: (Full Name of Firm) By: (Gull Name of Firm) Print Name: Print Name: Print Name of Firm)	(Corporate Officers need not complete * items)	1
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