



CUSTOMER NEW ACCOUNT / LEASE APPLICATION

Please Return To:
P.O. Box 2098
Grand Island, NE 68802-2098
Fax: (308)398-6848
E-mail: credit@eakes.com

COMPANY INFORMATION:

Company Name _____
Street Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____
Federal ID Number _____
Accounts Payable Contact _____
Contact Phone Number _____ Email Address _____
Years in business _____ Corporation Partnership Proprietorship Other _____
Nature of Business _____

OWNERS/OFFICERS:

Name _____ Title _____ SSN _____
Address _____ City _____ State _____ Zip _____
Name _____ Title _____ SSN _____
Address _____ City _____ State _____ Zip _____

If Sales Tax Exempt, please attach Exemption Form/Resale Certificate

I/We authorize Eakes Inc. to make whatever credit inquiries are necessary in connection with this credit application. Our payment terms are net due 10th of the month following purchase. Any amount due not received on or before that date is subject to a finance charge computed at 1.33% per month, which is an annual rate of 15.96%. Eakes Inc. reserves the right to apply any outstanding credits older than 90-days to open invoices on a customer's account. **A 3.00% convenience fee will apply to any credit account balance paid with a credit or debit card.** I/We consent to receive marketing information through facsimile, text message, e-mail, or any other electronic transmission. I/We agree to these terms.

A

Applicant's Authorized Signature _____ **Date** _____

Accounting Department Use Only

Store Location _____ Taxable Yes No Tax District _____
Estimated Contract Amount (Includes rollover)\$ _____ Estimated Rollover\$ _____
Estimated Payment Amount\$ _____ Rollover From _____
Type of Product being leased: _____
Political Rates Used Yes No Existing HT Customer Yes No Software Included Yes No
Lease Term(# of Months): _____
Salesperson Name _____

Approval: _____