



Please return via E-Mail, mail or fax.
 Attn: Credit Department
 PO Box 411117
 Melbourne, FL 32941
 (321)250-6391 or arcanada@eclipseadvantage.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 Contact: _____

E-Mail: _____

Phone #: _____ Fax #: _____

Additional Key Contact Person: _____
Name Title

Phone #: _____ Fax #: _____

E-Mail: _____

Corporation Partnership LLC LLP Sole Proprietor

Trade References

Company Name: _____ Trade Contact: _____

Address: _____
(street address) (city, state, zip)

Phone #: _____ FAX #: _____

Company Name: _____ Trade Contact: _____

Address: _____
(street address) (city, state, zip)

Phone #: _____ FAX #: _____

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 _____
 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 separate page.

The above statements are certified to be true and correct and are submitted in support of and as part of the application for credit made herein.

Credit Terms: Invoice terms are Due upon Receipt and are to be paid in Canadian dollars. If invoices are not paid within thirty (30) days of the invoice date, Eclipse Advantage reserves the right to charge interest at the rate of one and one-half percent (1½%) per month. The undersign hereby agrees to pay all collection costs, including court costs and reasonable attorney's fees necessary to collect any delinquent balance due.

Note: Eclipse Advantage 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)	SIGNED: _____ (Full Name of Firm)
BY: _____ (Member of Firm)	By: _____ (Member of Firm)
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	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 Advantage, at any time.

Company: _____
(Full Name of Firm)

BY: _____
(Authorized Signature of Firm Member)

Print Name: _____

Title: _____

Date: _____