



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

**CUSTOMER
 NEW ACCOUNT APPLICATION**
Please remember to sign at bottom!

COMPANY INFORMATION:

Company Name _____

Address _____
 City _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____
 Website _____
 Tax ID _____
 DUNS Number _____
 SIC Code _____
 NAICS Code _____
 Industry _____
 Business Type _____

If Sales Tax Exempt Please attach a current Form 13 Nebraska Exemption / Resale Certificate

OWNERS/OFFICERS:

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

ONLINE ORDERING:

Do you have an internet connection? Yes No

Company Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

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. I/We consent to receive marketing information through facsimile or e-mail transmission. I/We agree to these terms.

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

5 Wci bhjb Department Use Only

Account Number _____
 Credit Limit _____
 Credit Terms _____
 Collateral _____
 Comments _____
 Date _____