



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. and their leasing partners to make whatever credit inquiries are necessary in connection with this credit/lease application. **Eakes Inc. 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** _____

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: _____