

Trek, Inc. Credit Application and Agreement - Canada

1. Business Information

Legal Company Name	Phone #	Fax #	
Doing Business As (DBA)			
Mailing Address	City	Province	Postal Code
Does This Business Operate from a Residence?	Web Site	Email Address	
Shipping Address (If Different)	City	Province	Postal Code
Company Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Year Business Began			
Incorporation No.	Province of Incorporation		
Sales Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	Attached Copy of Exemption Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Product or Service Provided			

2. Ownership

Owner/President/Partner	Email Address
Controller	Email Address
Accounts Payable	Email Address

3. Bank Information

Bank Name	Phone #	Fax #	
Address	City	Province	Postal Code
Type of Accounts <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Checking Account #	Savings Account #	
Line of Credit Amount	Utilized	Account #	
Loans Amount	Balance	Monthly Payment	

4. Credit Information (creditor(s) that you are currently purchasing undercarriage or diesel engine parts from)

Creditor	Phone #	Fax #	
Address	City	Province	Postal Code
Creditor	Phone #	Fax #	
Address	City	Province	Postal Code
Creditor	Phone #	Fax #	
Address	City	Province	Postal Code

5. Credit Information (other creditors)

Creditor	Phone #	Fax #	
Address	City	Province	Postal Code
Creditor	Phone #	Fax #	
Address	City	Province	Postal Code
Creditor	Phone #	Fax #	
Address	City	Province	Postal Code

6. Authorized Purchasers

Name	Phone #	Fax #
Title	Email Address	
Name	Phone #	Fax #
Title	Email Address	
Name	Phone #	Fax #
Title	Email Address	

7. Miscellaneous

Do you require Purchase Orders	Yes / No
Do you require Statements	Yes / No
Invoice and Statements Delivery	Email/Fax
Fax#	Email Address

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title: _____ Date: _____

Please sign the application and fax it to Trek's Credit Manager. The fax number is (248) 960-1168.

or

You can mail it to: TREK Inc.
 46620 Ryan Ct.
 Novi, MI USA 48377-1730
 Attn: Credit Manager