

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.
 46470 Desoto Ct.
 Novi, MI USA 48377
 Attn: Credit Manager