Trek, Inc. Credit Application and Agreement - USA

1. Business Information

Legal Company Name			Phone #		Fax #
Doing Business As (DBA	A)				
Mailing Address			City	State	Zip Code
Does This Business Ope	rate from a Resid	ence?	Web Site		Email Address
Shipping Address (If Dif	ferent)		City	State	Zip Code
Company Type:					
□ Sole Proprietorship	Partnership	□ Corporation	□ Limited Liability	Year Business Began	
Federal ID No.			State of Incorporation	State ID No.	
Sales Tax			Attached Copy of Exem	nption Certificate	
□ Yes	\Box No		□ Yes	□No	
Type of Product or Servi	ice Provided				

2. Ownership

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

3. Bank Information

Bank Name		Phone #		Fax #
Address		City	State	Zip Code
Type of Accounts		Checking Account #		Savings Account #
□ Checking	\Box Savings			
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)

		0	
Creditor	Phone #		Fax #
Address	City	State	Zip Code
Creditor	Phone #		Fax #
Address	City	State	Zip Code
Creditor	Phone #		Fax #
Address	City	State	Zip Code

5. Credit Information (other creditors)

Creditor	Phone #		Fax #
Address	City	State	Zip Code
Creditor	Phone #		Fax #
Address	City	State	Zip Code
Creditor	Phone #		Fax #

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
Land in a d State or ante Deline or	
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 48377 Attn: Credit Manager