

Trek, Inc. Credit Application and Agreement - USA

1. Business Information

Legal Company Name	Phone #	Fax #
Doing Business As (DBA)		
Mailing Address	City	State Zip Code
Does This Business Operate from a Residence?	Web Site	Email Address
Shipping Address (If Different)	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 ☐ Yes ☐ No	Attached Copy of Exemption Certificate ☐ Yes ☐ 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	State Zip Code
Type of Accounts ☐ Checking ☐ 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	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 #
Address	City	State Zip 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
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Do you require Statements	Yes / No
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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 48377-1730
Attn: Credit Manager