



**Headwind
Solutions Ltd.**

www.headwindsolutions.ca

4331-41 Street
Camrose, Alberta Canada
T4V 3V8

Office: 1-780-672-2775
Toll Free: 1-844-304-7277
Fax: 1-780-672-6411
info@headwindsolutions.ca

Manufacturer of
**Shocker
PASS**
POSITIVE AIR SHUTOFF SYSTEM

CREDIT APPLICATION AGREEMENT

NAME OF BUSINESS AND BILLING ADDRESS

LEGAL NAME OF COMPANY		TRADE NAME (IF ANY)	
STREET	CITY/TOWN	PROVINCE	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
TELEPHONE NUMBER	FAX NUMBER	CONTACT PERSON (FULL LEGAL NAME)	EMAIL ADDRESS

IF APPLICABLE:

EMPLOYER	DATE OF BIRTH	SOCIAL INSURANCE NUMBER
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TYPE OF BUSINESS

PROPRIETORSHIP	PARTNERSHIP	CORPORATION	OTHER
NUMBER OF YEARS IN BUSINESS UNDER THIS OWNER		IS PREMISES: OWNED	RENTED

NAME AND ADDRESS OF OWNERS AND PARTNERS

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

BANK INFORMATION

BANK NAME AND BRANCH NUMBER	ACCOUNT NUMBER
ADDRESS	TELEPHONE NUMBER
CONTACT PERSON	TITLE

PLEASE SUPPLY A MINIMUM OF THREE TRADE REFERENCES

COMPANY NAME	TELEPHONE NUMBER
ADDRESS	ACCOUNTS RECEIVABLE EMAIL ADDRESS
COMPANY NAME	TELEPHONE NUMBER
ADDRESS	ACCOUNTS RECEIVABLE EMAIL ADDRESS
COMPANY NAME	TELEPHONE NUMBER
ADDRESS	ACCOUNTS RECEIVABLE EMAIL ADDRESS

ESTIMATED MONTHLY PURCHASE:	CREDIT LIMIT REQUESTED:
DO YOU USE PURCHASE ORDERS:	REGISTERED GST NUMBER:

TERMS AND CONDITIONS OF CREDIT AGREEMENT

- All parts and service invoices are due and payable by the 15th day of the month following purchase.
- There are to be no deductions, holdbacks, or offsets of any kind including warranty claims from the amount billed unless prior written approval is obtained from Headwind Automotive Solutions Ltd.
- A service charge of 2% per month, 24% per annum, will be charged on any balance outstanding at the end of each month.
- All payments and credits will be applied to invoices and service charges at the discretion of Headwind Automotive Solutions Ltd.
- In the event of non-payment when written demand is posted by ordinary mail to the address listed on this agreement, Headwind Automotive Solutions Ltd. will exercise its garageman's lien, security agreement, or any other legal means at its disposal to collect the account along with all costs without further notice to you.
- The undersigned hereby waives entitlement under the Personal Property Security Act to receive a copy in writing of any financing statement or financing change statement registered hereto.
- All credit privileges are withdrawn on accounts unpaid for sixty (60) days, unless special arrangements have been made with Headwind Automotive Solutions Ltd. beforehand.
- In order to reinstate a C.O.D. account, payment must be received in full including all service charges and a new credit application/agreement must be processed.
- Parts ordered and supplied correctly or special ordered and then returned for credit may be subject to a 20% restocking fee.
- All goods remain the property of Headwind Automotive Solutions Ltd. until such time as the merchandise is paid for in full. It is also agreed that the seller Headwind Automotive Solutions Ltd. is hereby authorized to chattel, lien, or remove its goods should this account remain in arrears over 30 days.
- All dispute or inconsistencies regarding invoices or statement must be reported prior to payment date of the 15th of the month. If there are no issues addressed with the Accounts Receivable department or Senior Management, it will be assumed accepted and due.

I hereby authorize Headwind Automotive Solutions Ltd. to pursue any debts incurred on this account for a period of six (6) years.

The foregoing information is furnished with the purpose of obtaining privileges from Headwind Automotive Solutions Ltd. in this agreement and is certified to be true and accurate. I/we authorize and consent to the receipt and exchange of credit information on an ongoing basis with any credit reporting agency, credit bureau, or any person or company with whom I/we have or may on an ongoing basis in the future have financial dealings and agree that the information so received by you may be retained by you.

If I/we are not incorporated or a limited company but a proprietorship, partnership, or any other form of organization, I authorize the use of my Social Insurance Number as a means to gain financial information only to this credit application. I understand that my decision not to disclose my Social Insurance Number may impair my receiving credit. All personal information obtained within this credit application will be handled within the guidelines of the Canadian Privacy Act. I/we confirm the below signing officer is legally authorized to sign on behalf of the organization requesting credit.

Authorized Signing Officer

Title/Position

Date

FOR OFFICE USE ONLY

Approved:	Yes	No
Date:	_____	_____
Credit Limit:	_____	_____
Account No:	_____	_____
Signature:	_____	_____



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PRIVACY DISCLOSURE

Date: _____

To: _____

RE: _____

The above customer has given your name as a credit reference. In order that we may establish a line of credit for this customer, we would greatly appreciate it if you would supply the following information:

How long have they been dealing with your company? _____

Customer's current credit limit/highest credit charged last year? _____

What are your payment terms? _____ Does customer pay in terms? _____

If no, what are the average days customer will pay in? _____

Amount owing: _____ Past due: _____

Does the customer pay interest charges? _____

Does the customer dispute invoices? _____

Comments: _____

Your name and title: _____

If any questions arise, please phone accounts receivable in Camrose at 780-672-2775. When complete, please return by email to info@headwindsolutions.ca Thank you for your attention to this matter.

CUSTOMER PERMISSION

Please note; my signature below authorizes you to provide the above requested personal information to Headwind Solutions Ltd.

Name (please print)

Signature

Date