



Headwind Solutions

Headwind Automotive Solutions Ltd.

USD APPLICANTS

PLEASE ATTACH YOUR RESALE CERTIFICATE WHEN SUBMITTING YOUR APPLICATION

When filling out your credit application:

- **Page 1** Please provide us with ALL the information requested. Forms with incomplete information will be returned causing credit approval to be delayed. The first two sections of the Credit Application must be completed to be accepted. An attachment with your business information, bank information, trade references, etc. is acceptable.
- **Page 2** The terms and conditions of credit granted by Headwind Automotive Solutions Ltd. for approved accounts are stated and your signature indicates acceptance and approval. This page must include the name of an Authorized Signing Official for the company, signature and date.
- **Page 3** At the top of page 3 under CUSTOMER PERMISSION please fill out name, signature, and date. This page will be sent to your trade references and is your authorization to your trade references to release credit information to Headwind Solutions Ltd.

***** PLEASE ATTACH YOUR RESALE CERTIFICATE WHEN SUBMITTING YOUR APPLICATION *****
***** YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS *****

4331 – 41 Street Camrose, Alberta T4V 3V8
Toll Free: 1-844-304-7277 or Ph: 780-672-2775
www.headwindsolutions.ca

USD CREDIT APPLICATION AGREEMENT

NAME OF BUSINESS AND BILLING ADDRESS

LEGAL NAME OF COMPANY		TRADE NAME (IF ANY)	
STREET	CITY/TOWN	STATE	ZIP CODE
BILLING/MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			
TELEPHONE NUMBER	ACCOUNTS PAYABLE CONTACT	EMAIL ADDRESS	

PURCHASING INFORMATION

DO YOU USE PURCHASE ORDERS:	CREDIT LIMIT REQUESTED:	FEDERAL TAX ID:
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TYPE OF BUSINESS

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

NAME AND ADDRESS OF OWNERS AND PARTNERS

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
CONTACT PERSON	

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RESALE CERTIFICATE REQUIRED: PLEASE ATTACH RESALE CERTIFICATE WHEN SUBMITTING

TERMS AND CONDITIONS OF CREDIT AGREEMENT

This Agreement is made and effective the date of written credit approval by Headwind Automotive Solutions Ltd. and Credit Account Terms are accepted and agreed to by way of the authorized signature below.

Credit Account Terms:

- Invoices are due and payable 30 days from invoice date unless alternate terms are granted in writing by Headwind Automotive Solutions Ltd.
- A 20% restocking fee will apply on all returned items if returned within 30 days. No returns after 30 days. Call for RMA# BEFORE returning.
- Billing concerns or errors must be reported within 15 days of receipt of the invoice otherwise the invoice will be deemed to be accepted as issued.
- Interest of 2% per month (24% annually) will be charged on invoices unpaid 60 days from invoice date.
- All goods remain the property of Headwind Automotive Solutions Ltd. until invoices are paid for in full.
- Overdue accounts may be placed on C.O.D. terms until payment in full has been made.
- Headwind Automotive Solutions Ltd. reserves the right to withdraw credit privileges and request a new Business Credit Application & Agreement prior to reinstating credit.
- In the event of non-payment Headwind Automotive Solutions Ltd. will utilize all means available to collect unpaid accounts including any and all costs incurred in pursuit of these collections.

The forgoing information is provided for the purpose of obtaining credit privileges from Headwind Automotive Solutions Ltd. and is certified to be true and accurate.

The undersigned authorizes and consents to the exchange of the credit information as provided in this application and authorizes Headwind Automotive Solutions Ltd. to retain this information on file.

All information obtained within this credit application will be protected under the guidelines of Canada's Privacy Act.

It is confirmed that the below signing officer accepts the Terms and Conditions of this Credit Agreement and 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 (If NO, indicate reason)

Date:

Credit Limit:

Account Type:

Tax Code:

Signature:



**Headwind
Solutions**

Headwind Automotive Solutions Ltd.
www.headwindsolutions.ca

4331-41 Street
Camrose, Alberta Canada
T4V 3V8

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



PRIVACY DISCLOSURE

CUSTOMER PERMISSION

The Applicant named below hereby authorizes our Trade References provided to release credit information as outlined below to Headwind Automotive Solutions Ltd. for the purpose of establishing a credit account.

Name (please print)

Signature

Date

Date: _____

To: _____

RE: _____

You have been named as a Trade Reference for the above Credit Applicant. Please complete the following information and return this form as indicated below.

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 number of days it takes customer to pay? _____

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.