

Headwind Automotive Solutions Ltd.

CANADIAN APPLICANTS

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.

*** 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



4331-41 Street Camrose, Alberta Canada T4V 3V8

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



CANADIAN CREDIT APPLICATION AGREEMENT

				BUSINESS A	BUSINESS AND BILLING ADDRESS TRADE NAME (IF ANY)					
LEGAL NAME OF COMPANY					IKAD	E NAME (IF AN)	')			
STREET				CITY/TOWN				PROVINCE	POSTAL CODE	
BILLING/MAILING ADDRESS (IF	DIFFERENT FROM ABO	OVE)								
TELEPHONE NUMBER ACCOUNTS PAYAGE			PAYABI	ABLE CONTACT			EMAIL ADDRESS			
			P	URCHASING I	NFORI	MATION				
DO YOU USE PURCHASE ORDERS:		CREDI	CREDIT LIMIT REQUESTED:				REGI	STERED GST NUMBE	R:	
				TYPE OF B	USINE	SS				
PROPRIETORSHIP PARTNERSHIP CORPOR			RATION	ATION OTHER						
NUMBER OF VEARS IN BUSINES	COLUNDED DDECENT	OWNED			IC DDE	MICEC	OWNED	DENTE	D	
NUMBER OF YEARS IN BUSINES	SS UNDER PRESENT (JWNER			IS PRE	MISES:	OWNED	RENTE	D	
NAME		NAME	AND A	ADDRESS OF	OWNE	RS AND PAR	TNERS			
NAME				ADDRESS						
NAME				ADDRESS						
				DANK INCO	DMAT	ION				
BANK NAME AND BRANCH NUM	BER			BANK INFO	RMAI	ACCOUNT NU	JMBER			
ADDRESS					TELEPHONE NUMBER					
CONTACT DEDCON					TITLE					
CONTACT PERSON						111122				
COMPANY NAME	F	PLEASE SU	JPPLY.	A MINIMUM O	F THR	TELEPHONE		S		
ADDRESS						ACCOUNTS RECEIVABLE EMAIL ADDRESS				
CONTACT PERSON										
COMPANY NAME						TELEPHONE	NUMBER			
ADDRESS						ACCOUNTS	DECEIVABLE	EMAIL ADDRESS		
ADDRESS						ACCOUNTS	LUCIVABLE	LIMAIL ADDKE99		
CONTACT PERSON										
COMPANY NAME						TELEPHONE	NUMBER			
ADDRESS						ACCOUNTS F	RECEIVABLE	EMAIL ADDRESS		
CONTACT PERSON										

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 Office	er	Title/Position		
Date				
	FOR O	FFICE USE ONLY		
	Approved: YES	S □NO (If NO, indicate reason)		
	 Date:			
	Credit Limit:			
	Account Type:			
	Tax Code:			
	Signature:			



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PRIVACY DISCLOSURE

CUSTOMER PERMISSION The Applicant named below hereby author Headwind Automotive Solutions Ltd. for the		lease credit information as outlined below to t.
Name (please print)	Signature	Date
Deter		
Date:		
To:		
RE:		
You have been named as a Trade Refer and return this form as indicated below. How long have they been dealing with y		Please complete the following information
Customer's current credit limit/highest c		
What are your payment terms?	Does custo	mer pay in terms?
If no, what are the average number of c	lays it takes customer to pay?	
Amount owing:	Past due:	
Does the customer pay interest charges	s?	
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.