

1019554 Ontario Limited o/a Cardinal Kia (the "Company")
Address: 7818 Oakwood Drive, Niagara Falls, ON, L2G 0J6 Phone: 705-324-5565

| CREDIT APPLICATION FOR A BUSINESS ACCOUNT | | | | |
|--|--------------------------------|--------------------------|---------------------|--|
| APPLICANT CONTACT INFORMATION | | | | |
| Business Legal Name: | | | Operating Name: | |
| Phone: | Fax: | Email: | | |
| Physical Address: | | | | |
| City: | | Province: | Postal Code: | |
| Company Mailing Address: | | | | |
| City: | | Province: | Postal Code: | |
| Date Business Commenced: | | | | |
| How long at current address? | | Rent / Own? | | |
| Primary Business Contact: | | Cell: | Email: | |
| APPLICANT BUSINESS PRINCIPAL(S)' INFORMATION | | | | |
| Full Name: | DOB: | Phone: | Email: | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Full Name: | DOB: | Phone: | Email: | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| APPLICANT CORPORATE INFORMATION | | | | |
| Type of Ownership: Sole Proprietorship | Partnership Corporation Other: | | | |
| Type of Business: # of Years in Business: | | | | |
| | APPLICANT BANK AND | CREDIT INFORMATION | | |
| Bank Name: | | Transit #: | Account Number: | |
| Account Type: Savings Chequing Other | | How long with Bank: | | |
| Bank Address: | City: | Province: | Postal Code: | |
| Banking Contact: | | Bank Contact Phone: | | |
| Bank Contact Email: | | Bank Contact Fax #: | | |
| Name on Credit Card: | | | | |
| Credit Card Info: MasterCard Visa Other | | Credit Card Number: Exp. | CVV: | |
| Credit Limit Request: | | Annual Revenue: | | |
| APPLICANT BUSINESS/TRADE REFERENCES | | | | |
| Reference #1 - Company Name: | | | Account Open Since: | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Phone: | Fax: | Email: | | |
| Type of Account: | | Current Credit Limit: | | |
| Reference #2 - Company Name: | | | Account Open Since: | |
| Address: | | | - | |
| City: | | Province: | Postal Code: | |
| Phone: | Fax: | Email: | | |
| Type of Account | | Current Credit Limit: | | |
| Reference #3 - Company Name: | | | Account Open Since: | |
| Address: | | | | |
| City: | | Province: | Postal Code: | |
| Phone: | Fax: | Email: | | |
| Type of Account | | Current Credit Limit: | | |
| APPLICANT CREDIT AGREEMENT & AUTHORIZATION | | | | |
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- 1. We/I certify that the information above is true and complete and understand that the Company shall be relying on the same to assess our credit worthiness.
- 2. We/I make this application for the Company to accept our business cheques and setting up the credit limit with the Company.
- 3. We/I acknowledge that Cardinal Kia's Privacy Policy (available at northerroads.com/privacy) applies to the handling of our personal information and that we/I consent to the collection, use, and disclosure of personal information as described in the policy.
- 4. We/I authorize the Company to collect, use, and share business and personal information on the principals of Applicant (including credit information and detailed bank reports), for the purposes of initiating and facilitating an evaluation of the Applicant's application by a consumer reporting agency, credit bureau, or other credit solutions provider including credit collection agencies.
- 5. We/I consent and agree that the Company may, from time to time, (i) exchange with any consumer reporting agency, credit bureau, other credit providers, banking and the business/trade references provided any information in this application for the purpose of confirming, verifying and updating such information, or as permitted by law; and (ii) disclose our business and personal information to the Company's affiliates and third party service providers, in Canada and outside of Canada, for the purpose of accepting the Applicant's business cheque and the setup of the credit limit to your account at the Company.
- 6. We/I authorize the co-operation with municipal, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions and disclosure of business and personal information where necessary to protect your interests, and ours.
- 7. We/I acknowledge that all invoices are to be paid 30 days from the date of the invoice and where the invoice remains unpaid for 45 days from the date of the invoice, I/We authorize the Company to process on the Applicant's credit card supplied above or on file a payment of up to the full amount outstanding. I/We further agree any claims arising from an invoice or invoices, must be made within 7 working days.
- 8. Canada's Anti-Spam Legislation (CASL) Consent requires that we obtain your consent in order for you to receive electronic communications from the Company and/or its affiliates. By completing the section below, you agree that the Company and its affiliates may send you electronic messages at the email address indicated in the form above. These electronic messages may include promotions, offers, announcements, newsletters, product and technical information, and/or event information, as well as information about your account and any transactions. These messages may occasionally involve co-promotions with, or other communications from, carefully selected partners. You may withdraw your consent or update your preferences at any time by contacting us or by using the unsubscribe mechanisms we provide in future promotional communications.

We/I, the undersigned acting with legal authority to bind Applicant, have read the above consent provisions and understand the significance of consenting to the collection, use and disclosure of our personal and business information as described herein. We/I have given our informed consent voluntarily and understand that our consent will be valid for so long as it is needed to fulfill the purposes of this application and, if the application is approved, the resulting business relationship.

| Applicants Name: | Date: |
|------------------|-------|
| Signature: | |