APPENDIX A

Customers of TrynEx International must report their labor rate on the Shop Labor Rate Form. One update may be submitted during a calendar year. All claims submitted prior to this date will be processed at the older labor rate.

SHOP LABOR RATE FORM				
Distributor/	Dealer:		Acct.#:	
City & State	e:			
New labor i	ate for	_ year(s) is \$	/hr	
Previous la	bor rate for	_ year(s) is \$	/hr	
1. Competitor Name:				
Rate/Hour: T		Telephone:		
2. Competitor Name:				
Rate/Ho	ur:	Telephone:		
Signature:		Title:		Date:
Factory Use Only				
Date Entered: Entered By:				
To update the shop labor rate currently documented at TrynEx International a photocopy of this form should be completely filled out. Return by mail, fax, or email.				
Mail to:	TrynEx International, LLC Technical Service department 531 Ajax Drive Madison Heights, MI 48071-2429			
Fax to:	(248) 586-3501			
Email to:	technical@trynexfactor	ry.com		