



TOOLS FOR FITNESS. KNOWLEDGE FOR HEALTH.

Credit Application

Company Name _____

Bill To: Address _____ _____ City, State, Zip _____	Ship To: Address _____ _____ City, State, Zip _____
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Phone _____ Company Website _____

Fax _____ Email _____

Type of Business (Retail/Wholesale/Fitness/Rehab/etc) _____

Years in Business _____ At this location since _____ Purchase Order Required? _____

Federal ID # _____ **Sales Tax Exempt #** _____ (please attach a signed copy)

A/P Contact:

Name _____ Phone _____

Title _____ Fax _____

Email _____

Bank Reference:

Bank Name _____ Account # _____

Bank Contact Name _____ Type of Account _____

Mailing Address _____ Phone _____

City, State, Zip _____ Fax _____

Trade References:

• Business Name _____ Contact _____

Address _____ Account # _____

City, State, Zip _____ Phone _____

Email _____ Fax _____

• Business Name _____ Contact _____

Address _____ Account # _____

City, State, Zip _____ Phone _____

Email _____ Fax _____

• Business Name _____ Contact _____

Address _____ Account # _____

City, State, Zip _____ Phone _____

Email _____ Fax _____

The applicant hereby authorizes the Bank References listed herein to release all information requested. It is understood that all information will be kept confidential.

Signature _____

Title _____

Printed Name _____

Date _____