



TOOLS FOR FITNESS. KNOWLEDGE FOR HEALTH.

### Credit Application

Company Name \_\_\_\_\_

<b>Bill To:</b> Address _____ _____ City, State, Zip _____	<b>Ship To:</b> 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** \_\_\_\_\_