

**CUSTOMER INFORMATION**

Customer (Full Legal Name)	Tel No.	Fax No.	
Trade Style/DBA	Nature of Business		
Headquarters Address	City	State	Zip Code
Address for this Equipment (if same as Headquarters don't include)	City	State	Zip Code
YEARS IN BUSINESS? _____ GROSS SALES \$ _____ FED ID # _____ CONTACT: _____			

**OFFICER/PRINCIPAL OWNER**

Officer/Principal/Owner	Title	SS#
Complete Home Address	City/State/Zip	
Officer/Principal/Owner	Title	SS#
Complete Home Address	City/State/Zip	

**BANK REFERENCE**

Bank Name	Account #	Phone/Contact
1.		
2.		

**FINANCE/LEASE STRUCTURE**

PROGRAM (Check One)      1)\_\_\_ 2)\_\_\_ 3)\_\_\_ 4)\_\_\_

Different Option: \_\_\_\_\_

**EQUIPMENT LIST:**

Equipment Cost	\$ _____
Shipping	\$ _____
Other	\$ _____
Sales Tax	\$ _____
Total	\$ _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Island Fitness Equipment Inc. and/or its designees (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signing below I/we affirm my/our identity as the respective individuals/s identified in the above applications. We hereby authorize the release of information requested by Island Fitness Equipment Inc. regarding our bank and trade relationships.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guarantor/Principal

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Guarantor /Principal