



DEALER APPLICATION

FOR OFFICE USE ONLY

Customer #:
Approved By:
Date Approved:
Terms:
Credit Limit:

COMPANY NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____

NUMBER OF LOCATIONS: _____

FEIN #: _____ RESALE #: _____

STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____

NAME OF PARENT COMPANY (IF ANY) : _____

ADDRESS OF PARENT COMPANY: _____

OTHER PRODUCT LINES: _____

AEROBICS: _____

HOME GYMS: _____

OFFICERS / PRINCIPLES:

NAME	HOME ADDRESS	STATE	ZIP	HOME PHONE	TITLE

ANNUAL SALES VOLUME: _____

Body-Solid®

REFERENCES

Only those you buy from an open account

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEL: _____ FAX: _____

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEL: _____ FAX: _____

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEL: _____ FAX: _____

NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TEL: _____ FAX: _____

I UNDERSTAND THAT THE TERMS OF BODYSOLID, INC. ARE NET-30 ON APPROVAL OF CREDIT AND THAT 1.5% PER MONTH CARRYING CHARGE WILL BE ADDED TO OVERDUE INVOICES. IN THE EVENT OF COLLECTION, ALL COLLECTION EXPENSES WILL BE CARRIED BY ME. IF ACCEPTED FOR OPEN ACCOUNT PURCHASES, I AGREE THAT MY COMPANY WILL ABIDE BY THESE TERMS. I HEREBY AUTHORIZE THE ABOVE LISTED REFERENCE, BANK AND OTHERWISE, TO FURNISH BODY-SOLID, INC. WITH INFORMATION PERTAINING TO THE CREDIT WORTHINESS OF THE PURCHASING ENTITY.

NAME: _____ / _____
SIGNATURE PRINTED

SS#: _____ - _____ - _____ / TITLE: _____

DATE: _____

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BANK VERIFICATION

BANK:

CREDIT APPLICATION NAME:

PHONE #: _____

ACCOUNT #: _____

THE ABOVE REFERENCED COMPANY HAS APPLIED FOR AN OPEN LINE OF CREDIT AND HAS GIVEN YOUR BANK AS A CREDIT REFERENCE. MAY WE PLEASE HAVE THE BENEFIT OF YOUR EXPERIENCE AND KNOWLEDGE REGARDING THIS FIRM. THE INFORMATION SHALL REMAIN STRICTLY CONFIDENTIAL.

CHECKING INFORMATION:

OPENING DATE: _____

AVERAGE BALANCE: _____

OVERALL EXPERIENCE: _____

RELEASE OF INFORMATION APPROVAL BY ACCOUNT HOLDER.

I, _____ DO HEREBY RELEASE THE ABOVE MENTIONED INFORMATION ON MY CHECKING ACCOUNT.

SIGNATURE

TITLE

DATE

(FOR BANK USE ONLY)

UPON COMPLETION OF THIS BANK VERIFICATION, PLEASE FAX BACK (708) 427-3556. YOUR HELP IS GREATLY APPRECIATED.

SIGNATURE

TITLE

DATE

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PERSONAL GUARANTEE

THIS PERSONAL GUARANTEE IS NOT A REQUIREMENT FOR OUR CONSIDERATION OF YOUR COMPANY FOR AN OPEN ACCOUNT. IF YOU WISH TO SIGN IT, IT WILL HAVE A POSITIVE INFLUENCE ON OUR ESTABLISHING YOUR CREDIT LINE.

DATE: _____

INDIVIDUAL PERSONAL GUARANTEE

I, _____ FOR AND IN CONSIDERATION OF YOUR EXTENDING CREDIT, AT MY REQUEST, TO _____
(your company name here)
HEREBY PERSONALLY AND UNCONDITIONALLY GUARANTEE TO YOU THE PAYMENT OF ANY OBLIGATION OF THE ABOVE NAMED COMPANY AND, I HEREBY AGREE TO BIND MYSELF TO PAY YOU ON DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A CONTINUING AND IRREVOCABLE GUARANTEE AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY.

SIGNATURE

SS#: _____ - _____ - _____

