

#### DEALER APPLICATION

FOR OFFICE USE ONLY
Customer #:
Approved By:
Date Approved:
Terms:
Credit Limit:

COMPANY N	IAME:						
BILLING ADD	RESS:						
SHIPPING AD	DRESS:						
CITY:			_ STATE:		ZIP COE	DE:	
	BER:						
E-MAIL ADD	RESS:						
CORPORATIO	DN: PAR	tnership: _		PROPRII	etorshii	P:	
NUMBER OF			_				
FEIN #:			RESALE #	<u>:</u>			
STATE OF INC	ORPORATION:		_ DATE O	F INCORPORAT	ION:		
NAME OF PA	RENT COMPANY (IF ANY	):					
	PARENT COMPANY:						
	DUCT LINES:						
	:						
OFFICERS / P	RINCIPLES:						
NAME	HOME ADDRESS STATE		ZIP	HOME PHON	E	TITLE	
NAME	HOME ADDRESS STATE		ZIP	HOME PHON	E	TITLE	
NAME	HOME ADDRESS STATE		ZIP	HOME PHON	E	TITLE	
ANNUAL SAL	es volume:						

Bod	y-	Sol	lide
CREDIT C	ARD PAY	MENT	POLICY

FOR OFFICE USE ONLY	
Cust. #:	
Exp. Date:	

All Dealers must complete and sign this form as a confirmation of acceptance and compliance to the terms listed below.

For payment by credit card, this form must be completed by the authorized representative and the owner of the credit card.

I hereby authorize Body-Solid, Inc. to charge the amount of orders and any

additional amounts to my credit card a	ccount.
Charge to: American Express	☐ Visa ☐ MasterCard ☐ Discover
Account No:	
Exp. Date:	Commercial Card No:
Print Card Holder Name	Company Name
Signature of Card Holder	Federal Employment I.D. Number
Social Security of Card Holder	Signature of Officer or Owner
Billing Address (Street Address )	Print Name of Officer or Owner
Billing Address (City, State, Zip)	Social Security of Officer or Owner

The Payment Policy agreement shall be governed by and construed in accordance with the LAWS OF THE STATE OF ILLINOIS.



#### REFERENCES

Only those you buy from an open account

NAME:		ACC	COUNT #:
ADDRESS:			
CITY:		STATE:	ZIP CODE:
TEL:		FAX:	
NAME:		ACC	COUNT #:
ADDRESS:			
CITY:		STATE:	ZIP CODE:
TEL:		FAX:	
NAME:		ACC	COUNT #:
ADDRESS:			
CITY:		STATE:	ZIP CODE:
TEL:		FAX:	
NAME:		ACC	COUNT #:
ADDRESS:			
CITY:		STATE:	ZIP CODE:
TEL:		FAX:	
PER MONTH CARRYING COLLECTION EXPENSES MY COMPANY WILL A	G CHARGE WILL BE AD S WILL BE CARRIED BY I BIDE BY THESE TERMS. IH BODY-SOLID, INC.	DDED TO OVERDUE IN' ME. IF ACCEPTED FOR I HEREBY AUTHORIZE	ON APPROVAL OF CREDIT AND THAT 1.5% VOICES. IN THE EVENT OF COLLECTION, ALL OPEN ACCOUNT PURCHASES, I AGREE THAT THE ABOVE LISTED REFERENCE, BANK AND ERTAINING TO THE CREDIT WORTHINESS OF
NAME:		/	
	SIGNATURE		PRINTED
SS#:		/ TITLE:	
DATE:			

# Body-Solid

#### BANK VERIFICATION

BANK:	CREDIT APPLICA	ATION NAME:
PHONE #:	ACCOUNT #:	
THE ABOVE REFERENCED COMPA	NNY HAS APPLIED FOR AN O	PEN LINE OF CREDIT AND
HAS GIVEN YOUR BANK AS A CR OF YOUR EXPERIENCE AND KNO SHALL REMAIN STRICTLY CONFID	WLEDGE REGARDING THIS	
CHECKING INFORMATION:	OPENING DATE:	
	AVERAGE BALANCE	:
	OVERALL EXPERIENC	DE:
RELEASE OF INFORMATION APPR	OVAL BY ACCOUNT HOLDE	ER.
l,	DOHEREBY RELEASE	ETHE ABOVE MENTIONED
INFORMATION ON MY CHECKING		
SIGNATURE	TITLE	DATE
(FOR BANK USE ONLY)		
UPON COMPLETION OF THIS BAN	NK VERIFICATION, PLEASE FA	AX BACK (708) 427-3556.
YOUR HELP IS GREATLY APPRECIA	ATED.	
SIGNATURE	TITLE	DATE



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.

DATF:		

#### INDIVIDUAL PERSONAL GUARANTEE

l,	FOR AND IN CONSIDERATION OF
YOUR EXTENDING CREDIT, AT MY RE	QUEST, TO(your company name here)
HEREBY PERSONALLY AND UNCON	DITIONALLY GUARANTEE TO YOU THE PAYMENT
OF ANY OBLIGATION OF THE ABOV	'E NAMED COMPANY AND, I HEREBY AGREE TO
BIND MYSELF TO PAY YOU ON DEA	MAND 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 GUARANTE	EE SHALL BE A CONTINUING AND IRREVOCABLE
Guarantee and indemnity for S	UCH INDEBTEDNESS OF THE COMPANY.
SIGNATURE	
SS#·	

### ATTENTION: ACCOUNTING DEPARTMENT

## Body-Solid

## AUTHORIZED AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBIT)

COMPANY NAME:	CUSTOMER #:
I (WE) HEREBY AUTHORIZE BODY-SOLID TO	
CHECKING ACCOUNT AT THE BANK AS INC	DICATED BELOW.
BANK:	BRANCH:
CITY: STATI	
TRANSIT / ABA #:	ACCOUNT #:
EFFECTIVE DATE OF DEBIT ENTRY	
INVOICE NUMBERS	AMOUNTS
TO	OTAL
THIS AUTHORITY IS TO REMAIN IN FULL FOR ABOVE BANK HAVE COMPLETED THIS TRA NOTIFICATION FROM ME (OR EITHER OF US IN SUCH MANNER AS TO AFFORD BODY-S OPPORTUNITY TO ACT ON IT.	ANSACTION OR HAVE RECEIVED WRITTEN S) OF ITS TERMINATION IN SUCH TIME AND
NAME(S)(PLEASE PRINT)	CUSTOMER #:

Please fax this form back to (708) 427-3556. If any questions, please contact Accounts Receivable at (800) 833-1227 ext. 3564

Body-Solid, Inc. | 1900 S. Des Plaines Avenue | Forest Park, IL 60130 USA TOLL FREE: (800) 833-1227 | TEL: (708) 427-3555 | FAX: (708) 427-3556 | www.bodysolid.com