

Company Name / Billing Address

Must have complete company name and address for credit report

Company Name _____
 Company Address _____
 City , State, and Zipcode _____
 Phone () _____
 Fax () _____
 Email _____
 WEBSITE: _____

Contacts

Purchasing Agent _____
 Email Address _____
 Accounts Payable _____
 Email Address _____

Owners/Officers

Name _____
 Name _____

Shipping Information

If different than billing address

Company Name _____
 Delivery Address _____
 City , State, and Zipcode _____
 Phone () _____
 Fax () _____
 Email _____

Phone () _____
 Fax () _____
 Phone () _____
 Fax () _____

Business Credit References (minimum of 2 current fitness equipment manufacturer/supplier related references)

1. Name _____
 Account # _____
 2. Name _____
 Account # _____

Phone _____
 Email _____
 Phone _____
 Email _____

How Does Your Company Operate? (Please Circle Your Answer)

How Do You Handle Shipping? Drop Ship
 Do You Do Your Own Installations? Yes
 Can You Service the Equipment Under Warranty? Yes
 Federal Tax ID# or SS# _____
 Are you Duns Rate (D&B)? YES NO

Ship To My Warehouse Other _____
 No Other _____
 No Other _____
 Date Business Established _____
 DUNS Number _____

Estimated Monthly Purchases \$ _____

Are you or have you ever filed for Bankruptcy before the United States Bankruptcy Court?

YES	NO
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One invoice copy will be sent to the billing address listed above.
 Purchase Order or other number required on invoice. Indicate type of number here

Current Brands Sold: _____

I represent that al of the above informationis true and correct. I also agree to make payments according to the terms show on the invoice. I authorize Avanti Fitness to check my credit history abd for the accounts referenced above to release information for credit purposes only.

Signature

Date

Print Name

Title