

GoFit LLC

FOR NET 30 TERMS

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www.gofit.net

DEALER/CREDIT APPLICATION

The undersigned company is applying for credit with GoFit LLC and agrees to abide by the standard terms and conditions as printed on page 2.

Company name:

Contact person:

Bill To Address:

Ship To Address:

Email:

Phone:

Fax:

Federal tax ID number:

(Sales Tax Certificate must be supplied)

Company web site w/ URL:

How long have you been selling fitness equipment?

Expected monthly/annual purchases: REQUIRED

Form of Business:

- CORPORATION | State of incorporation:
 PARTNERSHIP
 SOLE PROPRIETORSHIP

Names, titles, and addresses of your three chief corporate officers, partners or proprietor

Have you ever had credit with us before? Yes No
If yes, under what name?

Accounts Payable Contact

Address: Email: Phone:

The Undersigned ___ Will ___ Will Not submit a financial statement upon request.

Authorized purchasers

Purchase order required? Yes No

Trade Reference #1 **Name** _____
 Address _____
 FAX _____

Trade Reference #2 **Name** _____
 Address _____
 FAX _____

BANK REFERENCE

Account # _____
Phone _____

Contact person _____

Name of bank _____

Address _____

The information listed above is provided for the purpose of assisting GoFit in the assessment of the applicant's credit worthiness. All credit purchases are at GoFit's discretion and any credit availability extended may be terminated at any time at GoFit's discretion. The undersigned warrants that they are authorized to sign on behalf of the applicant and that the information provided is true and correct. We hereby authorize GoFit to contact and inquire of all references and banks listed above. We hereby authorize all references and banks to release requested information to GoFit. We understand a credit report will be requested. The applicant agrees to remit payment as agreed. If it should ever become necessary to place the account for collection, the applicant agrees to pay all costs of collection, including attorney's fees and expenses. All slow payments or bad debt charge-offs will be reported to Experian Credit Services. Changes in legal name, form of organization or financial structure must be provided in writing to GoFit at the address listed at the top of this form.

Authorized signature: _____

Printed name: _____

Title: _____ **Date:** _____

Comments: _____

GENERAL TERMS AND CONDITIONS

1. **GOODS ARE INVOICED UPON SHIPMENT.**
2. **PAYMENT TERMS ARE NET 30 FROM THE INVOICE DATE.**
3. **NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS UNLESS SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT.**