

**GoFit LLC**

**FOR NET 30 TERMS**

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Tulsa OK 74116  
P: 918.834.6200  
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www.gofit.net

**Sales Representative:**

**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 E-MAIL Address:**

*GoFit has gone GREEN. Invoicing is done paperless via .pdf documents sent via email to your Accounts Payable Contact.*

**Bill To Address:**

**Ship To Address:**

**Phone:**

**Fax:**

**Federal tax ID number:**

**(Sales Tax Certificate must be completed)**

**Company web site w/ URL:**

**How long have you been selling fitness equipment?**

**Expected monthly/annual purchases: REQUIRED**

**Form of Business:**

- CORPORATION
- PARTNERSHIP
- SOLE PROPRIETORSHIP

**State of incorporation:**

**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. 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.**