



Dealer Application

Company Name: _____ Type of Business: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

> Contacts:

Purchasing Agent: _____ Phone: _____ Email: _____

Accounts Payable: _____ Phone: _____ Email: _____

> Owners / Officers:

Name: _____ Title: _____

Name: _____ Title: _____

> Business Credit References (minimum of 3 current fitness equipment manufacturer/supplier related references):

1): _____ Acct. # _____ Phone: _____ Email: _____

2): _____ Acct. # _____ Phone: _____ Email: _____

3): _____ Acct. # _____ Phone: _____ Email: _____

Federal Tax ID: _____ Date Business Established: _____

Are you DUNS Rated (D & B)? Yes No D & B Rating _____ DUNS Number _____

Estimated monthly purchases: \$ _____

Are you or have you ever filed for bankruptcy before the United States Bankruptcy Court? Yes No Date: ____/____/____

One invoice copy will be sent to the billing address above. Please indicate below if you require special billing information with your statement for payment of freight charges:

Purchase order or other number required on invoice? Please indicate type of number: _____

Other special instructions required for payment: _____

I represent that all of the above information is true and correct. I also agree to make payments according to the terms shown on the invoice. I authorize Helix Company to check my credit history and for the accounts reference above to release information for credit purposes only.

PAYMENT TERMS: Helix only accepts credit card payments on orders under \$10,000 and paid Cash in Advance. Any order that is not CIA must be paid by company check (or cashier's check, money order, ACH or bank transfer). For your convenience, Helix can accept high resolution scans of your checks.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please fill out form completely and email to sales@helixco.com or fax to +1-603-372-5868

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