

# ***Gym Services, Inc.***

## Credit Application

### **Account Information:**

Account Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Fax: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_  
State Tax Exemption number: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Corporation Sole Proprietorship  
(Non-Corporation)  
Wholesale Retail Personal Partnership Trust  
Accounts Payable Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### **Principals:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ City: \_\_\_\_\_  
State/Zip: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Soc. Sec. No: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
Has the firm or any of its principals ever declared Bankruptcy? Yes No

### **Bank References:**

Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

### **Trade References:**

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

# **Gym Services, Inc.**

## Credit Application

I hereby certify that all statements contained in this application are true and made for the purposes of obtaining credit. I agree to permit **Gym Services, Inc.** to use this information to obtain additional credit information. In consideration of **Gym Services, Inc.** selling to my agent(s), or me I agree to the following terms: To pay the account in full within established terms. To pay a service charge for late payments computed at a monthly percentage of 1.5% (annual percentage rate of 18%). To pay a \$20.00 service fee on all returned, bounced, or stopped payment checks. No further credit shall be extended until account is current. If this account is placed for collection, I agree to pay all reasonable costs of collection, including attorney's fees, and court costs. I agree that reasonable cost of collection prior to filing a lawsuit shall be 25%. I authorize any needed credit investigation for action on this credit application. I hereby indemnify **Gym Services, Inc.** and any of their agents from any liability resulting from their credit survey. I agree that **Gym Services, Inc.** may report account receivable information to various consumer and commercial credit agencies. The merger, incorporation, reorganization, bankruptcy claim or sale of business shall not operate as a termination of this guarantee.

### **Executed As A Sealed Instrument**

Witness my/our hand(s) this \_\_\_\_\_ day of \_\_\_\_\_ 20 .

Name \_\_\_\_\_ Title \_\_\_\_\_ Print Name \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Print Name \_\_\_\_\_

#### Personal Guarantee

For value received, the receipt of which is hereby acknowledged, the undersigned jointly and severally guarantee to **Gym Services, Inc.** the prompt payment of all sums due, by the above named applicant (s). The undersigned agrees to remain bound by this guarantee notwithstanding any extension, indulgence to change in the terms of payments made with the applicant(s) hereof, and waiving any suretyship defenses. The undersigned(s)' obligation is to be that of a principle in the event of default, without obligation of **Gym Services, Inc.** to first exhaust its remedies against the applicant(s), or to pursue other collateral. If this account is placed for collection, I agree to pay all reasonable cost of collection, including attorney's fees, and court costs. I agree that reasonable cost of collection prior to filing a lawsuit shall be 25%. No termination of this guarantee shall be effective except that sent to **Gym Services, Inc.** by registered mail naming an effective date after the date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named applicant(s) prior to said termination date. I authorize any needed credit investigation for action on this credit application. I hereby indemnify **Gym Services, Inc.** and any of their agents from any liability resulting from their credit survey. I agree that **Gym Services, Inc.** may report account receivable information to various consumer and commercial credit agencies. The merger, incorporation, reorganization, bankruptcy claim or sale of business shall not operate as a termination of this guarantee.

(USE NO TITLES WHEN SIGNING e.g. President, Trustee, etc.)

(Individually) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(Individually) \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(REQUIRED)

Signed in the presence of:

Print Name:

## **CREDIT CARD AUTHORIZATION**

I hereby authorize Gym Services, Inc. to keep the below-mentioned Credit Card information on file and to charge this card for any amounts on my account which become past due according to my established credit terms.

**Customer Signature**

**Card Account Number**

**Card Member Name (Please Print)**

**Exp. Date**

**Billing Address of Card Member**

**3 or 4 Digit Code (back of card)**

**(     )**

**Phone Number of Card Member**