



9525 Bryn Mawr Avenue
Rosemont, IL 60018
Toll Free 1-800-735-3867

Return by email or fax to: creditapplications@lifefitness.com or 847-288-3795

Application for Open Trade Credit Terms

Corporate/Legal Entity Name

DBA

Ship To Location
Street Address
City, State, Zip
Main Phone # ()
Local Contact for Purchase
Contact Phone # ()

Bill To Location Same as Ship To Site listed
Street Address
City, State, Zip
Main Phone # ()
A/P Contact for Purchase
A/P Phone # ()

Brand Name (if any)

Owner Name(s) and %

Owner Contact Phone(s)

years in business

Life Fitness Sales Rep Name

Quote #

Bank Reference
I, the undersigned, by my signature below, hereby authorize Life Fitness to acquire credit information on the company listed above for the purpose of establishing open credit for fitness equipment purchases.
Bank Name _____ Contact Name _____
Bank Branch City, State _____ Phone # () _____
Name on the Account _____ Fax # () _____
Checking Acct# (REQUIRED) _____ Tax ID# _____
Savings/Loan/Line of Credit Acct # _____

Bank Authorized Signature Title Date

Printed Name _____
Email Address _____

Please attach two (2) months corporate bank statements that would be relevant to this request for terms.

Guarantee of Payment and Acceptance of Terms

In consideration of your extended credit, the Terms & Conditions of Sale as set forth are hereby accepted. Standard terms are Net 30 days from invoice date (FOB Shipping Point). Interest will accrue at 1.5% per month on any past due balance, or maximum allowable by law.

Terms and Conditions of Sale can be found at <https://www.lifefitness.com/terms-conditions-of-sale> .
Please read all terms and conditions. Provide any applicable tax exempt or resale forms upon return.

Lease Application

Business Information

FULL LEGAL NAME OF BUSINESS			CORPORATION	PARTNERSHIP	LLC
			OTHER _____		
FEIN #	STATE OF INCORPORATION		YEARS BUSINESS IN OPERATION		
CORPORATE/BILLING STREET ADDRESS			CITY, STATE, ZIP CODE		
EQUIPMENT LOCATION ADDRESS			CITY, STATE, ZIP CODE		
BUSINESS PHONE NO. ()	BUSINESS REAL ESTATE RENT OWN	LANDLORD/MORTGAGE HOLDER		PHONE NO. ()	

BANK	HOW LONG?	BANK OFFICE	PHONE NO. ()
TYPE OF ACCOUNT BUSINESS PERSONAL	CHECKING ACCT. NO.	SAVING ACCT. NO.	LOAN NO.
EQUIPMENT LEASE REFERENCE	HIGH CREDIT AMOUNT	HOW LONG?	CONTACT
			PHONE NO. ()

Principal Information (Primary)

PRINCIPAL'S FULL NAME (Last Name, First, MI)	TITLE	OWNERSHIP %	SOCIAL SECURITY NO.	
PRINCIPAL'S STREET ADDRESS		HOW LONG?	BIRTHDATE (Mo/Day/Yr)	
CITY, STATE, ZIP CODE		RENT OWN	HOME PHONE NO. ()	
E-MAIL ADDRESS			CELL PHONE NO. ()	
CURRENT EMPLOYER		HOW LONG?	SALARY	U.S. CITIZEN YES NO

Principal Information (Secondary)

PRINCIPAL'S FULL NAME (Last Name, First, MI)	TITLE	OWNERSHIP %	SOCIAL SECURITY NO.	
PRINCIPAL'S STREET ADDRESS		HOW LONG?	BIRTHDATE (Mo/Day/Yr)	
CITY, STATE, ZIP CODE		RENT OWN	HOME PHONE NO. ()	
E-MAIL ADDRESS			CELL PHONE NO. ()	
CURRENT EMPLOYER		HOW LONG?	SALARY	U.S. CITIZEN YES NO

Authorization to Release Bank Information

I/We hereby authorize Life Fitness, or its designee, to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the herein listed bank reference(s) to release any information requested by telephone as part of normal procedures.

I hereby represent all information is true, correct and complete. A photostatic copy of this authorization shall be valid as the original.

Authorized this _____ day of _____, 20 _____

Company Name

Authorized Signature

Title

Additional financial information may be required for lease requests over \$75k and start up transactions. See next page for list of financial information.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Life Fitness, 9525 Bryn Mawr Ave, Rosemont, IL 60018 at (847) 288-3300 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

FCRA AUTHORIZATION TO CONDUCT CREDIT INQUIRY ON INDIVIDUAL OWNERS/SOLE PROPS: By submitting this application, the undersigned warrants that the applicant and each individual listed as principal, owner, partner, guarantor or obligor consent, authorize and warrant that Life Fitness and companies to whom it refers this application, may obtain commercial and consumer credit reports, investigate references and statements, and make other credit inquiries about the applicant and all such individuals, and anybody contacted in connection therewith may release any credit and financial information.

Life Fitness Leasing Basic Credit Review Requirements

1. Complete lease application
2. Last two years' Fiscal Year End Financial Statements* or Business Tax Returns, including all schedules
3. Year-to-date Interim Financial Statements
4. Current, signed Personal Financial Statements for principal stockholders
5. Last two years' Federal Tax Returns, including all schedules, for principal stockholders
6. For start-ups, a Business Plan and Projections are required
7. For existing (current) lessees, only updated app and last two months bank statements required

* Financial statements are composed of a balance sheet, income statement, accountant's statement and notes; cash flow statements are helpful but not required.

