



**SUPER-FIT CREDIT APPLICATION**

**Business Information**

**Business**

**Date**

**Business Address**

Street Address

Street Address Line 2

City

State

Zip Code

**Mailing Address**

Same as Business Address?

Street Address

Street Address Line 2

City

State

Zip Code

**Date Established**

**Telephone**

**Fax**

**Email**

**Principal Owners and Officers**

**List Names and Titles**

Name

Title

Name

Title

Name

Title

Do you pay sales tax?

yes

no

**Credit Experience**

Trade References

A minimum of two creditors are required.

Trade Reference

Phone

Street Address

City

State

Zip Code

Trade Reference

Phone

Street Address

City

State

Zip Code

**Bank Reference** Please email Bank Reference Letter

Bank

Bank Officer Name

Bank Phone Number

**Amount of Credit**

Amount of credit requested

Sales Agreement

The undersigned in consideration for the terms stated herein for the extension of credit by Super-Fit, Inc., hereby agrees the terms of sale are "payment in full by the 30th day of the date of invoice." The invoice(s) become past due if not paid by the 30th day of the date of invoice, your account may be placed on hold and sent to our collection department. In the event of default in payment, and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fee. There will be a 25% Restocking Charge on all merchandise returned for credit. The undersigned does hereby certify that the information contained on this application is true and correct, and further agrees that any change in ownership or officers or form that the business operates shall be made known to Super-Fit, Inc., 1031 Linwood Ave., Santa Ana, California, 92705. This notice shall be in writing and mailed to Super-Fit Inc. by certified U.S. Mail.

SIGNED :

NAME

First

Last

Title

Date