



6330 Mt Herman Rd  
 Raleigh, NC 27617  
 919.781.8077  
 www.prosourcefitness.com

# Prosource Account Application

Date \_\_\_\_\_

FOR IN-HOUSE USE

Account Manager \_\_\_\_\_

Approved/Declined \_\_\_\_\_

## Property Location

Location Name \_\_\_\_\_  
 Contact/Title \_\_\_\_\_ / \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone/Extension \_\_\_\_\_ Fax \_\_\_\_\_

## Management Company (If different than property location)

Company Name \_\_\_\_\_  
 Contact/Title \_\_\_\_\_ / \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone/Extension \_\_\_\_\_ Fax \_\_\_\_\_

## Property Owner (If different than property location)

Company Name \_\_\_\_\_  
 Contact/Title \_\_\_\_\_ / \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone/Extension \_\_\_\_\_ Fax \_\_\_\_\_

## Bill To information

**For Service:**       Property Location       Management Company       Property Owner       3rd Party  
**For Equipment:**       Property Location       Management Company       Property Owner       3rd Party  
**Preferred Invoice Method:**       Mail       Email \_\_\_\_\_  
**3rd Party Info (If Applicable):** \_\_\_\_\_

## General Information

Number of years in business \_\_\_\_\_      Purchase orders required?       Yes       No  
 Sales Tax Exempt?       Yes       No      If yes, attach copy of state exemption certificate(s)

## Current Trade References (2 required)

1. Name \_\_\_\_\_ Contact \_\_\_\_\_ Account # \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_  
 2. Name \_\_\_\_\_ Contact \_\_\_\_\_ Account # \_\_\_\_\_  
 Phone \_\_\_\_\_ Address \_\_\_\_\_

## Bank Information (Required)

Bank/Credit Union Name \_\_\_\_\_ City/State \_\_\_\_\_

**TERMS: Prosource Fitness Equipment account terms are NET 15.** All accounts due and payable according to terms stated on the invoice. A service charge of 1-1/2% per month will be charged on all outstanding balances over 60 days from the date of the invoice. This is an annual interest rate of 18%. All accounts over 60 days are automatically placed on C.O.D. until they are made current. All costs incurred for collection, including reasonable attorney fees, will be the responsibility of the applicant. I acknowledge that I have read and understand the terms that are outlined above, and hereby certify that the applicant unconditionally agrees to abide by them. I am authorized to sign this request for credit.

## Signature

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Title \_\_\_\_\_