



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 _____

Billing Information (please print)

Company _____
Contact/Title _____ / _____ e-mail _____
Address _____
City _____ State _____ County _____ Zip _____
Phone/Extension _____ Fax _____

Physical Location Information ☐ Same as Billing

Address _____
City _____ State _____ County _____ Zip _____
Phone/Extension _____ Fax _____

Account Interest (please check all that apply)

☐ Equipment ☐ Service ☐ Other _____

Company Information

Type of business or service _____
Number of years in business _____ Dun & Bradstreet Rating (if applicable) _____
Sales Tax Exempt? ☐ YES ☐ NO ☐ 1% If yes, attach copy of state exemption certificate(s).
Is the account to be administered by a purchase order system? ☐ YES ☐ NO

Current Trade References (2 required)

Name _____	Name _____
Contact _____	Contact _____
Account Number _____	Account Number _____
Phone _____	Phone _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Bank Information - Main (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 _____