



THE POWER TO CHANGE YOUR LIFE

AUTHORIZED DEALER APPLICATION

Sterling Fitness Equipment, 1488 Industrial Drive, Bolton, MS 39041

Tel: 1.800.710.0677, Fax: 1.601.866.2617

http://: www.sterlingfitnessequipment.com, sales@sterlingfitnessequipment.com

Thank you for your interest in our Weight Equipment and Hydraulic Circuit Training Fitness Systems. Please provide the following information to be considered for acceptance as a Sterling Fitness Authorized Dealer.

COMPANY NAME: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

NAME OF COMPANY OFFICERS: _____ , _____ ,

_____ , _____ , _____

YEAR BUSINESS STARTED: _____

PLEASE CHECK ONE: IS YOUR BUSINESS A.....

- CORPORATION
- PARTNERSHIP
- SOLE PROPRIETORSHIP

OTHER _____

DESCRIBE YOUR PLAN FOR MARKETING OUR FITNESS PRODUCTS:

WHICH OF OUR PRODUCTS ARE YOU INTERESTED IN?

- CIRCUIT TRAINING SYSTEMS
- SELECTORIZED WEIGHT UNITS
- PLATE-LOADED WEIGHT UNITS
- CARDIO WORKOUT BOARDS
- AEROBIC STEPS
- AD/DIP STANDS, WEIGHT BENCHES, AB CRUNCH BENCHES, PUNCHING BAG UNITS

OTHER _____

PLEASE LIST YOUR EXPERIENCE IN THE FITNESS INDUSTRY OR IN SALES:

DESIRED PAYMENT METHOD:

- PAYMENT BY CREDIT CARD* (*FEES MAY APPLY)
- PAYMENT BY WIRE TRANSFER* (*FEES MAY APPLY)
- PAYMENT BY CHECK OR CHECK DRAFT* (DOMESTIC ORDERS MAY REQUIRE 7 – 10 BUSINESS DAYS FOR FUNDS VERIFICATION – INTERNATIONAL CHECKS MAY REQUIRE 2 TO 4 WEEKS.)
(ALL PAYMENTS TO BE MADE IN US FUNDS ONLY)

*AUTHORIZATION FORM ON PAGE 3 MUST BE COMPLETED AND RETURNED WITH THIS APPLICATION.

BANK NAME AND ADDRESS	BANK CONTACT NAME, PHONE, ADDRESS, AND FAX #

PLEASE ACCEPT AND APPROVE MY REQUEST TO BECOME A DEALER OF YOUR PRODUCTS. I RECOGNIZE STERLING FITNESS EQUIPMENT RESERVES THE RIGHT TO REFUSE THIS APPLICATION WITHOUT EXPLANATION. I FURTHER RECOGNIZE STERLING FITNESS EQUIPMENT RESERVES THE RIGHT TO CHANGE TERMS, PRICING, PRODUCT DESIGN, ETC...WITHOUT PRIOR NOTICE UNLESS AND AGREEMENT HAS BEEN MADE IN WRITING BETWEEN BOTH PARTIES. I UNDERSTAND MY FIRST ORDER MUST BE AT LEAST 27 MACHINES AND TO REMAIN IN GOOD STANDING AND OBTAIN DEALER PRICING AS AN AUTHORIZED DEALER, I MUST MAKE PURCHASES OF AT LEAST \$10,000.00 USD EACH CALENDER YEAR.

SIGNATURE: _____

PRINT OR TYPE NAME: _____

TITLE: _____

DATE: _____

RETURN BY FAX: 1.601.866.2617

FOR OFFICE USE ONLY:

THIS APPLICATION HAS BEEN: () APPROVED WITH TERMS INDICATED BELOW OR () DISAPPROVED

PAYMENT TERMS: () CREDIT CARD ONLY – (AUTHORIZATION MUST BE ON FILE)

() WIRE TRANSFER PAYMENT

() CHECK OR CHECK DRAFT PAYMENT – (AUTHORIZATION MUST BE ON FILE)

APPROVED BY: _____ DATE: _____

- LETTER OF APPROVAL SENT
- DEALER PRICE LIST SENT

CREDIT CARD AND CHECK AUTHORIZATION FORM

STERLING FITNESS EQUIPMENT, 1488 Industrial Drive, Bolton, MS 39041

I hereby authorize Sterling Fitness Equipment to charge my credit card for purchases and to retain this credit card and check authorization form in my file to be used on future orders until canceled in writing by me.

- VISA
- MASTERCARD
- AMERICAN EXPRESS
- DISCOVER

NAME: (PRINT) _____

SIGNATURE: _____ DATE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON CHECK: _____

ADDRESS ON CHECK: _____

BANK NAME AND ADDRESS: _____

BANK ROUTING #: _____ ACCOUNT #: _____

BLANKET CERTIFICATE OF RESALE*

THIS IS TO CERTIFY THAT ALL SERVICES, MATERIAL, MERCHANDESE, OR GOODS PURCHASED BY THE UNDERSIGNED FROM **STERLING FITNESS EQUIPMENT** AS OF _____ (DATE)

WERE PURCHASED FOR THE FOLLOWING PURPOSE: (MS CODE 27-65)

- RESALE AS TANGIBLE PERSONAL PROPERTY
- RESALE AS A SERVICE
- TO BE EXPROTED FOR SALE, USE, OR CONSUPTION OUTSIDE THE CONTINENTAL LIMITS OF THE UNITED STATES

THIS CERTIFICATE SHALL BE CONSIDERED A PART OF EACH ORDER, WHICH WE SHALL GIVE, PROVIDED SUCH ORDER CONTAINS OUR CERTIFICATE NUMBER. THIS CERTIFICATE SHALL CONTINUE IN FORCE UNTIL CANCELLED IN WRITING OR REVOKED.

PURCHASER (COMPANY): _____

AUTHORIZED AGENT (SIGNATURE): _____

STATE RESALE TAX NUMBER: _____

DATE: _____

***This form is a sales tax exemption form. We are required to charge you sales tax unless this form is on file at Sterling Fitness Equipment. Please fill out the form, sign it, and fax to 1.601.866.2617.**

(PLEASE FAX A COPY OF YOUR STATE RESALE CERTIFICATE WITH THIS APPLICATION.)