

Heartline Fitness Products, Inc.

DEALER Application

Date: _____

Please Answer All Questions, Indicate N/A next to nonapplicable questions

Company Name: _____

Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Years in Business: _____

Locations

(attach separate sheet if needed)

City/State	Phone	Manager	Facility Type*	Sq. Feet	Yrs in Bus
1					
2					
3					
4					
5					
6					
7					

Facility Type: Free standing building, strip mall, shopping mall, warehouse

Personnel

Total Number Employees (All Locations): _____

Breakdown: Sales: _____ Service: _____ Clerical: _____

Do you have a separate institutional sales department? Yes _____ No _____

If So, How many employees? _____ Geographic Area Covered: _____

Products Sold (Use additional sheets if needed)

Brand Name	Product Type	Years Sold	% of total Sale	Models Displayed
1				
2				
3				
4				
5				
6				
7				

Sales Markets

Please Rank in Sales Volume, starting with the Number 1, the following types of customers served:

Retail _____ Corporations _____ Fitness Center _____ YMCA _____ Schools _____

Police/Fire _____ Hotel/Apt/Builders _____

Other (explain) _____

Advertising

What publications do you currently advertise in? _____

Have you advertised via: Direct Mail _____ Television: _____ Radio: _____ Other(explain): _____

What local or regional trade shows have you participated in? _____

What is your estimated annual marketing budget in dollars? \$ _____ and/or _____% of total sales vol

If appropriate, please state future growth plans: _____

Which Heartline Products do you wish to display by location? _____

Thank you for providing the information on this application. This will allow us to evaluate your request to become an authorized Heartline Dealer.

Heartline Fitness Products, Inc.

Credit Application

Date: _____

Please answer all questions, indicate N/A if question does not apply.

The Undersigned hereby makes this application for credit to Heartline Fitness Products, Inc. ("Creditor"), and in making this application, the undersigned agrees that all amounts payable on or before the due date as shown on each invoice will be paid, and if not paid on or before said date, are then delinquent. Should a credit availability be granted by Creditor, all decisions with respect to the extension or continuation of credit shall be at sole discretion of Creditor. Creditor may terminate any credit availability within its sole discretion. It is understood that Creditor may impose and charge finance charge or delinquency charge which is the lower of one and one-half percent (1 1/2%) per month or the highest rate allowed by law on any amount which becomes past due and delinquent. Additionally, the undersigned shall be responsible for all collection costs and attorney's fees in connection with any delinquent amount.

The persons signing this application certify that all of the information contained in this application and any attachments is true and correct to the best of his/her information, knowledge, and belief.

Legal Name: _____

Company Name: _____

Telephone: _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Principal Owner: _____

Title: _____

Social Security Number: _____

Type of Business

Check appropriate box to indicate type of organization:

Individual

Partnership

Sole Proprietorship

Corporation

Non Profit Organization

State of Incorporation or Registration of Partnership: _____

"Please attach to this Credit Application the most recent financial statement of the undersigned. The undersigned agrees to provide to creditor updated financial information upon request, and to provide an annual financial statement to creditor as a condition of the continuation of this credit. The undersigned agrees to provide creditor with an updated credit application each year as a condition for the continued extension of credit."

Federal Tax ID #: _____ **City or County Business License #:** _____

Date Business Established: _____ **Building:** _____ **Own** _____ **Rent** _____

If Renting, From Whom? Name: _____ **Phone #:** _____

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List Three Suppliers

Company: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Years doing Business with: _____

Company: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Years doing Business with: _____

Company: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Years doing Business with: _____

Bank References

Bank: _____ Contact Name: _____
 Address: _____ City: _____ State: _____
 Number of Years: _____ Account #: _____ Name on Account: _____

Bank: _____ Contact Name: _____
 Address: _____ City: _____ State: _____
 Number of Years: _____ Account #: _____ Name on Account: _____

**Please answer the following
 unless audited financial statements are provided**

1. Are any assets pledged? Yes _____ No _____
2. Are you Liable as: Endorser _____ Guarantor _____ Surety _____
3. Are any asset subject to lien under uniform commercial code? Yes _____ No _____
4. Has the firm or any of its' principals ever been bankrupt? Yes _____ No _____
 If Yes, what year and whom? _____

The Parties hereto knowingly and intentionally waive the right to a jury trial on any issue or dispute that may arise between them. Terms and conditions of sale: The undersigned agrees to pay for all purchases according to th terms of Credito. No terms or conditions of purchase orders different from terms of Creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by Creditor. No items will be accepted for return without prior approval, and all returns are subject to restocking charge. Payments may be applied as against open charges at the discretion of the Creditor. On request, the undersigned agrees that continued soivency of the undersigned is a precondition to any sale made by the Creditor. The undersigned agrees to provide Creditor a statement representing that the is and remains solvent. The undersigned acknowledges and agrees that Creditor may utilize outside credit reporting services to obtain information on the undersigned. I hereby grant my permission to divulge information concerning my banking history, arrangements and trade credit history, for the purpose of my obtaining credit. A photo copy of this form is as valid as the original. The laws of the state Maryland shall be applicable to all suits arising under any agreement between the undersigned and the Creditor. All accounts shall be due and payable in U.S. dollars at Gaithersburg, Maryland. In the event of litigation, venue shall be in Gaithersburg, Maryland.

The above information, to the best of my knowledge, is true and correct

Dated	Name of Entity (Undersigned)	Print Name
Witnessed By	Signature of Owner/Partner/President	Print Name
Witnessed By	Signature of Partner/Vice President	Print Name
Witnessed By	Signature of Partner/Secretary/Treasurer	Print Name