



Required Account Information

Account Division: (Select One)

☐ Golf ☐ Retail/Boutique
☐ Tennis ☐ Other: (Specify) _____
☐ Fitness

Sales Rep: _____

Account Billing Setup Information:

Account Name: _____

Accounting Contact Name: _____

Address: _____

Floor/Suite : _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Ext.: _____

Fax #: _____

****Accounting E-Mail Address:** _____ **(REQUIRED)**

****All invoices will be emailed at the time of shipment unless otherwise noted**

Comments:-

Account Shipping Information:

Buyer Name: _____

Ship to Attn: _____

Address: _____

Floor/Suite : _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Ext.: _____

Fax #: _____

Buyer E-Mail Address: _____



BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES: Please List References or Attach Reference Sheet			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
AGREEMENT			
1. All invoices are due within 30 days of invoice date. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize JoFit, LLC to make inquiries into the banking and business/trade references that you have supplied. 4. Return completed application by email to Kristin@jofit.com or fax to: 215-682-7509.			
Signature:		Date:	



CREDIT CARD AUTHORIZATION

CARD TYPE ☐ Amex ☐ Visa ☐ Master Card

ACCOUNT NUMBER _____

EXP DATE: ____/____ 3 OR 4 DIGIT SECURITY NO: _____

PAYMENT TYPE: ____ CHARGE WHEN SHIP (KEEP CARD ON FILE)

____ ONE-TIME PAYMENT:

AMOUNT TO BE CHARGED \$ _____

INVOICE/CREDIT MEMO #'S _____

CARD HOLDER NAME: _____

COMPLETE BILLING ADDRESS: _____

PHONE: (____) _____ FAX: (____) _____

AUTHORIZED SIGNATURE: _____

DATE: _____