



COMMERCIAL DISTRIBUTOR APPLICATION

Please complete and fax back to 1.847.963.8966 or email to sales@motionfitness.com

BUSINESS INFORMATION		Date:
Company Name:		
A Division of:		
Address:		
City/State/Zip		
Phone No. (Including Area Code):		Fax No:
Email:		Web Site:
Date Company Was Founded:		

Type of Business (Corp, Proprietorship, etc.)		Corp.
Incorporated (States/Countries):		Date Incorporated:
Your Name:		Title:

PRINCIPAL/S	
Name:	Title:
SS#:	% Ownership:
Home Address:	
City/State/Zip	

PRINCIPAL/S	
Name:	Title:
SS#:	% Ownership:
Home Address:	
City/State/Zip	

Please use last page or back of form to list additional principals.



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ADDITIONAL PARTNERS and/or CORPORATE OFFICERS	
(1)	(3)
(2)	(4)

REFERENCES	
Bank:	Bank Phone No.
Bank Address:	
City/State/Zip:	
Bank Account No.	Type of Account:
Bank Account No.	Type of Account:
Names and Titles of Key Banking Officers:	

Trade References: (04) Required. Please include Name, Address, Zip, Phone No., and Fax No.	
(1) Name	Phone (____)
Address	Fax (____)
City/State/Zip:	
(2) Name	Phone (____)
Address	Fax (____)
City/State/Zip:	
(3) Name	Phone (____)
Address	Fax (____)
City/State/Zip:	
(4) Name	Phone (____)
Address	Fax (____)
City/State/Zip:	



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OPERATIONAL INFORMATION
Geographical Area Covered By Your Direct Salespeople:
What markets you currently focus your sales & marketing efforts in: (i.e., Health Clubs, Corporate, Educational, Park District, YMCA, Hospitality, Apt/Condo, Police/Fire, Rehab, Hospital/Wellness Based, etc.)
Current product lines you carry:
Marketing Channels: (Online, trade shows, traditional advertisements)
Approximate Annual Revenue: Combined company (manufacturing and Distribution):

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Will you please summarize your interest in MOTION? Additionally, please include your initial plan to implement MOTION products into your sales and marketing efforts. (1-4 Paragraphs)

By completion of this application, applicant hereby authorizes, MOTION FITNESS CO., or assigns permission for verbal or written ratings all bank accounts and trade references listed on this form.

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