



Address: 480 Douglas Edward Dr.
 Ocoee, FL 34761
 Phone: 407-697-3911
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Application for Lease

Corporate Information

Company Name		D/B/A (if applicable)		Website Address	
Company Address		City	County	State	Zip
Owner Name(s)/ Percent of Ownership				Fed Tax ID#	
Contact	Title	Email	Phone ()	Fax ()	
Nature of Business	Type of Business: <input type="checkbox"/> Sub S <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp		State Organizational #	Years in Business	Years owner by current owner
Business Insurance Agent Name		Address		Phone ()	Amount Insured

Personal Information on Offices, Owners or Guarantors (If more than one, please complete separate application)

Name		Title	U.S. Citizen Yes No	Date of Birth	Social Security #	
Present Address		City	County	State	Zip	How long YRS MOS
Home Phone ()	Cell Phone ()		Email		Marital Status	
Spouse Name		Title	U.S. Citizen Yes No	Date of Birth	Social Security #	
Alternate Phone ()		Cell Phone ()		Email Address		
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other					Rent or Mortgage Pmt	
Landlord/Mortgage Holder			Purchase Price \$	Mortgage Balance \$		
Occupation	Employer	Work Phone ()	Address		How Long YRD MOS	
Net Worth \$	Have you ever Filed Bankruptcy? No Yes Date:		Monthly Income\$ <input type="checkbox"/> Net or <input type="checkbox"/> Gross Source: Alimony, Child Support & Maintenance Income Need Not Be Disclosed			
Nearest Relative (Not Living With)			Relationship		Phone ()	
Address		City	County	State	Zip	

Company Bank References- Checking, Savings, and/or Installment Information

Bank Name	How Long	Acct. #	Contact	Phone ()	Fax ()
Bank Name	How Long	Acct. #	Contact	Phone ()	Fax ()

Company Trade References- Two Year History

Supplier Name	How Long	City/State	Contact	Phone ()	Fax ()
Supplier Name	How Long	City/State	Contact	Phone ()	Fax ()
Supplier Name	How Long	City/State	Contact	Phone ()	Fax ()

Equipment Description

Vendor Name		Contact	Phone ()	Fax ()
Quantity	New/Used	Description	Model	Cost (W/O Tax)
Quantity	New/Used	Description	Model	Cost (W/O Tax)

I/We hereby authorize Grow Fitness Group Inc., or their agents, to investigate my/our credit worthiness including retrieving consumer credit reports at any time. I/We will provide financial statements, tax returns, etc., as you deem necessary. I/We **Warrant And Affirm** that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/We understand that Grow Fitness Group Inc., reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. I/We will indemnify Grow Fitness Group Inc., for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on information contained herein.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____