



# LEASE APPLICATION

Please fax completed and signed application to 608.839.5503 | Questions or need assistance? Call 507.451.1212  
Please note that all fields must be completed for Johnson to render a credit decision!

## Business Information

Full Legal Name of Business \_\_\_\_\_ dba \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Fed. Tax ID \_\_\_\_\_  
 Business Type (check one)  Proprietorship  Corporation  Limited Partnership  General Partnership  
 LLC  Other  
 Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

## Bank Reference

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Account Number \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Personal Information

(Required if proprietor, general partner, personal guarantor. Each individual listed must sign below.)  
 Principal/Guarantor Full Legal Name \_\_\_\_\_ Residence Phone # \_\_\_\_\_  
 Residence Address \_\_\_\_\_ SSN# \_\_\_\_\_ % Ownership \_\_\_\_\_  
 Principal/Guarantor Full Legal Name \_\_\_\_\_ Residence Phone # \_\_\_\_\_  
 Residence Address \_\_\_\_\_ SSN# \_\_\_\_\_ % Ownership \_\_\_\_\_

## Debt & Trade References

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Acknowledgement and Authorization

The undersigned verifies the accuracy of all of the information contained in this application and authorizes Matrix Fitness Systems Corp. and its designees to obtain additional information from credit bureaus concerning the undersigned's business and/or personal credit standing (which may include personal credit bureau reports). The undersigned certifies that this application is for business purposes and not for personal, family or household purposes.

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### Equal Credit Opportunity Act ("ECOA") Notice

**Note:** Please note that all fields must be completed for MATRIX to render a credit decision! If your application for business credit is denied, you have the right to a written statement of the denial. To obtain the statement, please contact our ECOA Compliance Representative at 1610 Landmark Drive, Cottage Grove, WI. 53527 within 60 days from the date you are notified of your denial. Within 30 days of receiving your request we will send you a written statement specifying the reasons for the denial. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administer compliance with this law concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity Washington, DC. 20580.

**Fax Completed Form to 608.839.5503**



**MATRIX**

Johnson Health Tech North America, Inc. 1600 Landmark Drive, Cottage Grove WI 53527