



Established 1998

Celebrating our 12th Anniversary!!!

12457 N.W. 44th Street Coral Springs · FL 33065 · 954.753.6088 · 888.753.8553 · Fax: 954.753.3708 ·

www.gymrepair.com

Date: ____/____/____ Referred By: _____

Do you have a day spa on site? _____ If Yes, contact name/number: _____

Federal Tax ID #: _____

Legal Name: _____

dba: _____

Bill To Address:

Accounts Payable Phone #: (____) _____ - _____

E-mail address to receive monthly statements:

Please Select Sales Tax: 6.0% 6.25% 6.5% 7.0% 7.5%
Yes, I am tax exempt (**Please attach a copy of the certificate.**)

Indicate any requirement necessary to expedite payment:

- Certificate of Liability Insurance (**Copy provided via carrier**)
PLEASE NOTE FOR Additional Insured:
(**Please provide specific certificate holder information in writing**)
- Worker's Compensation (**Copy provided via Carrier**)
- W-9 Automobile (**Copy provided via Carrier**)

Facility Name: _____

Equipment Address: _____

Contact Name and Title: _____

Contact Phone#: (____) _____ - _____ (____) _____ - _____

Fax #: (____) _____ - _____

Contact E-mail Address: _____

Personnel Authorized to Schedule Service:

1. _____

2. _____

CREDIT CARD AUTHORIZATION FOR PAYMENT

Please fax this completed form along with a front and back photo copy of the credit card to (954) 753-3708. This form will serve as authorization for Fitness Services of Florida Inc. to charge the credit card account listed below at the time of service. Thank you!!

Today's Date: _____ Referred By: _____

Customer Name: _____

Service Address: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

Company Website: www. _____

Amount to be Charged: _____

Please Select Sales Tax: 6.0% 6.25% 6.5% 7.0% 7.5%

VISA OR MASTERCARD

Credit Card Number: _____ Expiration Date: _____

Security Code (3 or 4 digit on back of card): _____

Cardholder's Name (Printed): _____

Cardholder's Billing Address: _____

Cardholder's Billing Telephone Number: _____

Cardholder's Signature for Authorization: _____

Trade References:

Name: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
Contact: _____

Name: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
Contact: _____

Name: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
Contact: _____

Standard Rates Service Call

Service \$60.00 per visit
Labor \$67.00 per hour,
per technician

Preventative Maintenance Agreement Rates Service Call

Service: \$55.00 per visit
Labor: \$57.00 per hour, per technician

- **A one hour minimum applies to all labor charges.**
- **Extended Travel will be billed for customers beyond 50 miles of our 5 office locations.**
- **Your written approval or Purchase Order is required to order parts needed for repair.**

I _____ hereby agree that all repairs are the sole responsibility of the equipment owner including but not limited to parts, labor and transportation expenses.

Terms are ***DUE UPON RECEIPT.*** Failure to remit payment in a timely manner account will be placed with D&B. In the event that your file is sent to our attorney, there will be a 40% service fee added to the balance owed.

Authorized Signature

Print Name & Title

____/____/____
Date

Please provide Fitness Services with accurate directions to your facility with a starting point of a major hwy:

"Unmatched Dedication to Customer Service"