



RENTAL APPLICATION

Attn: Kevin Wallace

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RESIDENTIAL FITNESS EQUIPMENT RENTAL APPLICATION

Renter's Name _____ Phone _____ EMAIL _____

Mailing/Delivery Address

Street Address _____ CITY _____ STATE _____ ZIP _____

Desired Equipment Location _____ What Floor? _____

Desired Rental Term _____

PERSONAL REFERENCE (NOT IN SAME HOUSEHOLD):

Full Name _____ Phone _____

Full Name _____ Phone _____

EMPLOYMENT INFO:

Employer _____ Address _____

Title _____

Phone _____ Time at Employer _____

DRIVERS LICENSE # _____ STATE _____ LIC PLATE# _____

Preferred rental equipment _____

By signing below, the individual as principal of and/or guarantor for the applicant, understand, affirm, and certify that the above statements are true and complete to the best of my knowledge. By signing below, I/we confirm that I/we understand that false statements or information in this application and related documents are punishable by applicable state and federal law.

**A fax or photocopy of this authorization shall be valid as the original.

Date _____ 20 _____ BY: _____

Renter's Signature