



**CycleOps Training Centre**

This application is specifically designed for the training center that wishes to use CycleOps Indoor Cycles and Indoor Trainers. Product available for purchase will be limited to these 2 categories and all associated parts and accessories of these 2 categories only. To qualify, a training facility must purchase an initial quantity of at least 10 units. They are not for re-sale and by signing this document the applicant agrees to these conditions.

Legal Business Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

PST #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shipping Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Buyers Email: \_\_\_\_\_

Website: \_\_\_\_\_

President of Business: \_\_\_\_\_

Names of Other Principals: \_\_\_\_\_

\_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Personnel authorized to place orders: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home based business? (Y/N) \_\_\_\_\_ Number of years in business \_\_\_\_\_

Statement Email: \_\_\_\_\_

Statement Contact Name: \_\_\_\_\_

Invoice Email: \_\_\_\_\_

Invoice Contact Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**Trade References:**

1. \_\_\_\_\_ Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. \_\_\_\_\_ Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. \_\_\_\_\_ Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I agree that the above information is complete and correct. I agree to the terms and conditions of sale as specified on each invoice. I agree to pay each invoice in terms given and agree to pay the interest charges on verdue account of 1-1/2% per month.

I agree to allow the bank given above to release to Orange Sport Supply any account information which may confirm or establish credit.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_