



**Corporate Finance**  
 4130 E. 82nd Street  
 Indianapolis, IN 46250  
 317-842-4140 x570  
 317-577-0264 Fax

**Pls return completed form to Lavina Kautz, Acct Assistant, at fax 317-577-0264 or by email to lkautz@bgindy.com.**

**Application for Credit**

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

D/B/A Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Telephone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Tax Exempt # \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Business: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever filed for Bankruptcy? \_\_\_\_\_

Principal Owners: (Attach separate sheet if necessary)

1. Full Name _____	Title _____
Home Address _____	City _____ St ____ Zip ____
Social Security Number _____	Home Phone _____

2. Full Name _____	Title _____
Home Address _____	City _____ St ____ Zip ____
Social Security Number _____	Home Phone _____

3. Full Name _____	Title _____
Home Address _____	City _____ St ____ Zip ____
Social Security Number _____	Home Phone _____

Bank References:

1. Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

2. Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Trade References:

1. Name \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Contact \_\_\_\_\_

Account Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Accounts Payable: Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned certifies that he/she is authorized to sign on behalf of the company above and that all statements are true and correct. Verification may be obtained by any source named in this document. The undersigned authorizes Bicycle Garage of Indy, Inc. (d/b/a BGI Fitness) to investigate all credit references and any other matters pertaining to the Applicant's financial responsibility.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL GUARANTY**

In consideration of the extension of credit by BGI Fintess [Seller], herein to the Applicant [Buyer] herein, the undersigned does jointly and severally guarantee to pay and be responsible for payment of all sums, balance and accounts due Seller by the Buyer, including interest, collection charges and attorney's fees. This shall be an open and continuing guarantee and shall continue in force notwithstanding any charges in the form of such indebtedness or renewals or extensions granted by the seller, without obtaining any consent thereto, and until expressly revoked by written notice, sent certified mail return receipt requested. Any such revocation shall not in any manner affect my/our liability as to any indebtedness existing prior thereto. I /we do hereby waive notice of the acceptance of this agreement, notice of default or non-payment and waive action required by any statute, against the buyer. No delay on the Seller's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligations hereby guaranteed, either against the Buyer or any other person primarily or secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudice the Seller's right against me/us. I /we agree that in the event of any default at any time by said Buyer, seller shall be entitled to look to me/us immediately for full payment without prior demand or notice.

\_\_\_\_\_  
Name of Guarantor (please Print)

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Guarantor (please Print)

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number