

# BODYDESIGN FITNESS

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Attn: BDF APPROVALS

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## RESIDENTIAL EQUIPMENT RENTAL APPLICATION

Renter's Name \_\_\_\_\_ Phone \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mailing Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Equipment Location \_\_\_\_\_ Which Floor (1<sup>st</sup> or 2<sup>nd</sup>) \_\_\_\_\_

Own/Rent \_\_\_\_\_ How Long: \_\_\_\_\_

### EMERGENCY CONTACT (NOT IN SAME HOUSEHOLD):

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMPLOYMENT INFO:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Time at Employer: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ LIC PLATE# \_\_\_\_\_

Desired Equipment to be Rented: \_\_\_\_\_

### Desired Lease Term:

12 MONTHS \_\_\_\_\_ 3 MONTHS \_\_\_\_\_ MONTH TO MONTH \_\_\_\_\_ RENT TO OWN \_\_\_\_\_

*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 any state or federal law.*

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

Date \_\_\_\_\_ 20\_\_\_\_ BY: X \_\_\_\_\_

**Renter's Signature**