

BODYDESIGN FITNESS

21815 Katy Freeway Suite C-124
Katy, TX 77450

Attn: BDF APPROVALS

sales@bdfitness.net
281-492-0515 - OFFICE
832-201-0856 - FAX

RESIDENTIAL EQUIPMENT RENTAL APPLICATION

Renter's Name _____ Phone _____ EMAIL: _____

Mailing Address _____ CITY _____ STATE _____ ZIP _____

Equipment Location _____ Which Floor (1st or 2nd) _____

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