



## RENTAL APPLICATION

---

Attn: Jon Grove

Email: Jon@PremierFitnessSource.com  
277 Pharr Rd. NE Atlanta, GA 30305  
PHONE: 404-458-2133

### RESIDENTIAL FITNESS EQUIPMENT RENTAL APPLICATION

Renter's Name \_\_\_\_\_ Phone \_\_\_\_\_

EMAIL \_\_\_\_\_

Delivery Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Desired Equipment Location \_\_\_\_\_ What Floor? \_\_\_\_\_

Desired Rental Term \_\_\_\_\_

### EMPLOYMENT INFO:

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

Title \_\_\_\_\_

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

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

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.

\*\*An emailed copy of this authorization shall be valid as the original.

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

Renter's Signature: