



CYBEX Service Provider Application

Please make sure to answer all questions accurately in order for us to properly assess the potential for your company to become a Cybex Service Provider. Please fax your completed application to 508-533-5183.

Name/Owner _____ Date _____

Company Name _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Country _____ E-mail Address _____

Phone _____ Fax _____

Mobile _____ Web site address _____

Do you have a CYBEX account? _____ Yes, account # _____

Name of all personnel and number of years with the company:

Name/Title _____	Years _____
Name/Title _____	Years _____
Name/Title _____	Years _____
Name/Title _____	Years _____
Name/Title _____	Years _____

What year did your company begin? _____

What other brands of fitness equipment is your company authorized to service, and how long have you been servicing each?

Manufacturer _____	Years _____	Manufacturer _____	Years _____
Manufacturer _____	Years _____	Manufacturer _____	Years _____
Manufacturer _____	Years _____	Manufacturer _____	Years _____





Check the types of business your company is engaged in.

Retailer Service Center Manufacturer Used Equipment Dealer Other*

*Please specify _____

Is your company affiliated with or a subsidiary of any other entity? If yes, please explain below. _____

Tell us about your facility.

Service Area _____sq. ft. Office _____sq. ft. Warehouse _____sq. ft. Retail Space _____sq. ft.

Please provide us with three references we may contact. Include company name, primary contact person, telephone number, email address, and fax number.

- 1) _____
- 2) _____
- 3) _____

List the names of any CYBEX dealer that your staff has worked for in the past.

What other manufacturer's training courses have you or your staff attended?

_____ yr. _____ yr. _____ yr. _____

Signature

Print Name

Thank you for taking the time to complete this application. Please fax a completed application, along with a current W-9 to 508-533-5183, Attention Dispatch, OR email dispatch@cybexintl.com.

