

SERVICE PROVIDER QUESTIONNAIRE

Name _____

Office Phone _____ Ext. _____

Company _____

Cell Phone _____

Street Address _____

Fax _____

City _____

State _____

Email _____

Zip Code _____

How long has your company been in business? _____ Years _____ Months

How long have you provided fitness equipment service? _____ Years _____ Months

What areas do you service? _____

Are any of the technicians employed at your company certified by SportsArt?

Are you/your company certified by other manufacturers? If so, please list those certifications.

If you are also a fitness equipment dealer, please check the appropriate box:

My company repairs: only products we sell all fitness products

My company installs: only products we sell all fitness products

With this questionnaire, I will also attach the following forms via email to

service@gosportsart.com:

- Service Provider Agreement
- 3 References
- Warranty Labor Reimbursement Policy
- W-9 Form
- Proof of General Liability Insurance for Service/Installations, Including Limits