

**Customer Preventative Maintenance
Profile Information**



Billing Information: _____ Service Location: (if different) _____

Company: _____
 Contact: _____
 Street: _____
 Town: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 E-mail: _____

Company: _____
 Contact: _____
 Street: _____
 Town: _____
 State: _____ Zip: _____
 Phone: _____

Equipment to be Maintained:

<u>Equipment</u>	<u>Qty</u>	<u>Make/Model</u>	<u>Qty</u>	<u>Description</u>
Treadmill:			Other:	
Elliptical/Arc:				
Bike:				
Spin Bike:				
Rower:				
AMT:				
Stepper:				
Stepmill:				
Selectorized:				
Multi Gyms:				
Benches:				

Quantity PM Visits

Please put an 'x' in the appropriate box:			Contract Term: 1 YEAR	
Annually	<input type="checkbox"/>			
Bi-annually	<input type="checkbox"/>	5% off labor charges		
3 times a yr	<input type="checkbox"/>	10% off labor charges		
Quarterly	<input type="checkbox"/>	15% off labor charges		

Custom Schedule: (Special Requests, enter details below)

Please complete form and fax to 860.659.4734, Attn: Jen or e-mail at: jbush@nefitness.com