

BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	12/29/14	Meeting Date:	01/05/15
Contact Information:			
Requested by:	Janet P. Alexander, Clerk-Treasurer		
On Behalf of Organization or Individual:	City of Franklin		
Telephone:	317-736-3609		
Email address:	jalexander@franklin.in.gov		
Mailing Address:	70 E Monroe St, Franklin, IN 46131		
Describe Request:			
Credit application for True Fitness Technology Inc. The Parks Dept. is planning on purchasing treadmills.			
List Supporting Documentation Provided:			
Credit application True Fitness Technology Inc proposal			
Who will present the request?			
Name:	Janet P. Alexander, Clerk-Treasurer	Telephone:	317-736-3609

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.



CREDIT APPLICATION - Type ONLY

Sales Rep: Ron Drummond

Exact Legal Name		Name of Parent Company if a Subsidiary		D&B#	
Street Address				P.O. Box	
City		County		State	
				Zip Code	
Telephone		Fax #		Accounts Payable Contact	
Federal ID#				Type of Business	
Organizational Form: <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship					
No. of Years in Business		No. of Years at Present Location		How many locations and stores	
Information Regarding Principal Owners:					
Name		Address		Title	
1) _____		_____		_____	
2) _____		_____		_____	
Trade References:					
Name		Address		Account #	
1) _____		_____		_____	
2) _____		_____		_____	
3) _____		_____		_____	
We estimate our annual purchases at: \$ _____ and we request a credit line of: \$ _____					
For Credit Line greater than \$5,000.00 the following items are required (check if attached):					
<input type="checkbox"/> Current Balance Sheet		<input type="checkbox"/> Current Profit / Loss Statement		<input type="checkbox"/> Profit / Loss Projections	
I hereby certify that the foregoing figures and statements contained herein and attached thereto are true and correct and are furnished to TRUE Fitness Technology, Inc. ("TRUE") for the purpose of inducing TRUE to extend credit to the above referenced entity ("Applicant"). Applicant understands and agrees: (1) to pay TRUE all charges on account or others using this account regardless of account's credit limits, (2) to pay all charges within the credit terms after billing date without finance charges or to be subject to service charges not in excess of that permitted by law, (3) balance owed, will become due in full upon any default in payment or violation of terms of account use, and (4) to pay all collection costs, including reasonable attorney's fees. Applicant agrees to the terms and conditions stated on the back of the TRUE standard invoice form, a copy of which has been provided to and read by the Applicant. The undersigned authorizes the references above to release to TRUE information on accounts for the purpose of establishing credit with TRUE.					
Authorized Signature (Owner, Principal, General Partner)		Title		Date	
Certification/Authorization Personal Guarantee					
The undersigned, for an in consideration of the extension of credit to Applicant by TRUE, hereby agree to personally guarantee to TRUE and to be primarily and unconditionally liable for the full payment of the balance, when due, of the above referenced account together with any and all interest or late charges, costs of collection, including but not limited to, reasonable attorney's fees incurred in collection, together with costs and disbursements and any additional cost, including enforcement of the guarantee. It is specifically contemplated that this guarantee shall be a continuing guarantee and each signator hereto shall be personally and individually bound for all credit extended to Applicant. This personal guarantee shall be governed by and construed and interpreted in accordance with the laws of the State of Missouri applicable to contracts made and to be performed wholly within Missouri without regard to choice or conflict of laws rules. Those signing below understand that TRUE is relying upon this guarantee for purposes of granting credit to the applicant.					
Authorized Signature (Owner, Principal, General Partner)				Date	

PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE *We are required to charge sales tax unless we receive an exemption certificate.*
PLEASE ATTACH CERTIFICATE OF INCORPORATION OR CERTIFICATE OF GOOD STANDING

True Fitness Technology, Inc. • 865 Hoff Road, O'Fallon, MO 63366 • 636-272-7100 • FAX 636 272-7148

**TERMS AND CONDITIONS OF SALE
FOR MYE ENTERTAINMENT PRODUCTS:**

Customer is responsible for the following:
TVs with audio output jacks and speaker off functions.
Live cable and dedicated electrical to each TV/Personal Screen location prior to installation.
Installation is not included unless specified.
CSafe retrofit kits and installation of kits.

Payment Terms:

Payment due in full with submission of order, unless otherwise specified on this contract. Authorized Purchase Orders required for: Leases, Hospitals, Military, School Systems, Municipalities, Corporate Facilities, YMCA and JCCs - Proof of tax-exempt status required if applicable.
Custom orders are non-returnable and non-refundable. No refunds after 30-days, refunds within 30-days are subject to restocking fees, No refunds on shipping costs.

Sales tax is subject to change upon invoicing.

Warranty:

MYE LCD TV's: Warranty 1-Year (parts and labor at service center only)
MYE Controllers: Warranty: 1-Year (parts and labor at service center only)
MYE Transmitters: Warranty: 3-Years (parts and labor at service center only)
MYE MP3 Players: 90 days

Credit Card Information

Card Type: Visa Mastercard

Name on Card _____

Street Address _____

City, State, Zip _____

Card Number _____

Expires /

Customer Approval (signature Required)/Date

I understand that my signature above constitutes
acceptance of the terms and conditions.

PROPOSAL



Ship To: Franklin Parks and Recreation
Chip Orner, CPRE
396 Branigin Blvd.
Franklin, IN 46131

Phone: (317)736-3689
Fax: (317)736-6200

Sold To: Franklin Parks and Recreation
Chip Orner, CPRE
396 Branigin Blvd.
Franklin, IN 46131

Phone: (317)736-3689
Fax: (317)736-6200
EMail: corner@franklin.in.gov

Remit payment to:
TRUE FITNESS TECHNOLOGY, INC.
865 Hoff Road
O'Fallon, MO 63366

Phone: (740)-244-4560

Fax: (636)-272-7148

Prepared By: **Ron Drummond**

Date	Proposal #	Account Type
12/08/14	RBLDQ2177	

Terms	P.O. Number	Ship Via	Promise Date
Net-30 w PO		best way	

Qty	Item Number	Description	Retail Price	Discount Price	Total
2		TRUE CS900T16T Treadmill w Transcend 16" Touch Screen w integrated TV, IPOD Cable, User fans, Web browser, Bluetooth wireless, HRC, Contact heart rate, 23"x63" running surface, 5HP AC Motor w 550lb user capacity, Lifetime frame/5 yr motor and lower board/3 yr parts and labor/3 year parts and labor on displays	\$10,999.00	\$5,899.00	\$11,798.00
2		CS900T9TFT w/ 9" Escalate Display w wireless Recvr for wall mounted TV Sound	\$8,699.00	\$5,099.00	\$10,198.00

SubTotal	\$21,996.00
Sales Tax	\$0.00
Freight	\$1,200.00
Total	\$23,196.00

Proposal in US Dollars
Proposal Valid For Thirty (30) Days