

**PREVENTATIVE MAINTENANCE QUOTE REQUEST DATE:**

Company Name			Type			
Address						
City/State/Zip code						
Contact Name						
Title						
Phone#/ Mobile"/Email				Best Way to Contact		
REQUESTING # PM VISITS/YEAR		Date Last PM Performed:		Rep		
<b>PM ANNUAL</b>	<b>QTY</b>	<b>BRAND</b>	<b>MODEL#</b>	<b>Yrs Old</b>	<b>Preventative Maintenance/Repair</b>	
TREADMILL						
Elliptical/Cross Trainer/Wave						
UPRIGHT/RECUMBENT BIKE						
STAIRMASTER						
STEPPER						
ERGOMETER						
ROWER						
OTHER CARDIO						
SPIN BIKE						
SELECTORIZED STRENGTH						
FUNCTIONAL TRAINER						
MULTIJUNGLE/ # of STACKS						
SMITH MACHINE						
PLATE LOADED STRENGTH MACHINES						
OLYMPIC RACKS						
BENCHES						
OTHER						
OTHER						
Total # Units						

**NOTES/EXPLANATION OF REPAIRS NEEDED & LIST ALL SERIAL #:**

For Preventative Maintenance and/or Repairs, download our Service Request Form. After completing the form please save it and then attach in an email to : [info@idealfitsolutions.com](mailto:info@idealfitsolutions.com)