

GT Golf Holdings, Inc.
 DBA GT Golf Supplies
 981 Park Center Dr.
 Vista, CA 92081
 Tel 760-599-9339 Fax 760-599-9208
 Email: ar@ggolf.com

GT Golf Holdings, Inc.
 DBA GT Golf Supplies
 496 La Mesa Rd.
 Mt. Pleasant, SC 29464
 Tel 843-972-4205 Fax 843-284-3930
 Email: ar@ggolf.com

GT Golf Holdings, Inc.
 DBA GT Golf Supplies
 2509 E Loop 820 N
 Ft. Worth, TX 76118
 Tel 214-390-6557
 Email: ar@ggolf.com

CREDIT APPLICATION

| | | | | | |
|--------------------------------------|--|---|------------|---------------------------------------|--|
| Legal Company Name | | | | | |
| D.B.A. Name | | | | | |
| Address (Ship To) | | | | | |
| City | | State | | Zip Code | |
| Is this a residential address? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | |
| Address (Bill to - If Different) | | | | | |
| City | | State | | Zip Code | |
| How did you hear about us: | | | | Require PO # <input type="checkbox"/> | |
| Corporation <input type="checkbox"/> | | Individual/Sole proprietor <input type="checkbox"/> | | Partnership <input type="checkbox"/> | |
| Date Incorporated/Years in business | | | RESALE ID# | | |
| Is this a private club? Yes/No | | Public club? Yes/No | | Resort? Yes/No | |
| CONTACT INFORMATION | | | | | |
| Purchasing: | | Phone: | | E-mail: | |
| Accounting: | | Phone: | | E-mail: | |
| Email GT Golf invoice to? | | | | | |

TRADE REFERENCES - MUST PROVIDE 3 REFERENCES

| | |
|---------------|---------------|
| Name: | Name: |
| Phone Number: | Phone Number: |
| Account #: | Account #: |

TERMS & CONDITIONS

You, our customer, agree to pay under the terms of each invoice issued by GT Golf Supplies, which are Net 30 days. In the event of non-payment, GT Golf Supplies may impose INTEREST CHARGES at the rate of 1.5 % per month at our sole discretion. You, our customer, shall also be responsible for all collection costs and attorney's fees in connection with any delinquent amount. All persons providing this application certify that all of the information contained in this application and any attachment to be TRUE and CORRECT to the best of their knowledge and belief. Your signature below binds your organization to the Terms and Conditions.

Name (print) _____

Signature _____

Date _____

Signed resale tax certificate must be provided with signed credit application