

STERLING CUT GLASS

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GOLF ACCOUNT CREDIT APPLICATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Director of Golf: _____ AGM Member? Yes No

Golf Pro: _____ P.O. Required? Yes No

Merchandise Buyer: _____ Credit Limit Requested: \$ _____

Authorized Buyers: _____

Banking Reference

Name: _____

Address: _____

Phone: _____ Fax: _____ Account #: _____

Trade Reference 1

Name: _____

Address: _____

Phone: _____ Fax: _____ Account #: _____

Trade Reference 2

Name: _____

Address: _____

Phone: _____ Fax: _____ Account #: _____

Trade Reference 3

Name: _____

Address: _____

Phone: _____ Fax: _____ Account #: _____

By signing below, you authorize the above listed references to release relevant information regarding your business transactions with them. This information will be held in confidence. Our terms are net 30 days upon approval. By signing below you understand and agree to abide by these terms.

Signed: _____

Title: _____ Date: _____