



# 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: \_\_\_\_\_