



Donald Ross
SPORTSWEAR

CREDIT APPLICATION

Club Name/Customer Name: _____

Trade Name/Business Name: _____

Business Organization is a: () Corporation () Partnership () Proprietorship Fed Tax ID: _____

Club Owned () or Individually Owned ()

Contact Person for Order Confirmations: _____

Email Address for Order Confirmations: _____

Contact Person for Invoices: _____

Email Address for Invoices: _____

Billing Phone Number: _____

Billing Fax Number: _____

Billing Address: _____ Shipping Address: _____

Are you part of a Golf Management Group: () Yes () No If yes, provide the following information:

Management Group Name: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

_____ Email Address: _____

The undersigned Applicant hereby unconditionally Guarantees the performance of obligations to the Donald Ross Sportswear, including but not limited to the payment when due of any and all indebtedness incurred by applicant to Donald Ross Sportswear and further agrees to pay all costs and attorney's fees incurred in collecting these sums and enforcing this Guarantee.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Donald Ross Sportswear, PO Box 4377, Pinehurst, NC 28327, Phone: 910-944-3114, Fax: 910-944-3116