

Name _

16651 N. 84th Ave Peoria, AZ 85382-4772 623-523-6000 800-562-9777 FAX 623-399-1534 E-MAIL credit@antigua.com

APPLICATION FOR CREDIT

	Social Security#(required if sole proprietorship)
Date:	(required if sole proprietorship) PGA member #
Legal Name:	Do you want to be added to PGA retirement? Yes ☐ No ☐
Club Name:	•
Business Address	Business Phone ()
(City, State, Zip)	FAX Phone ()
Business Entity Type:	Home phone: () Website Address
How Long in Present position	E-Mail Address
Who Owns Merchandise? Club Golf Professional	All statements will be e-mailed.
Club Procure member number	Previous Employment
Main Buyer contact:	Contact for accounts payable:
email: Phone:	
Business Description:	Phone # () State Sales Tax# (must have tax form to be exempt)
Is Pro Shop Open all Year?	Phone number during off season months ()
W-9 attached \square	State of incorporation:
LEGAL STATUS Are you a: ☐ Corporation ☐ Sole Propr	
TRADE REFERENCES Place an x in the box next to the name of com	panies from whom you now purchase on an open account basis.
☐ Bushnell Outdoor ☐ Paramount Appare	el □Taylor Made
□ Callaway □ Peter Millar	□Tour Edge
☐ Cutter and Buck ☐ Polo Ralph Lauren	□ Tail Activewear
□ ECCO USA □ Summit Golf	□Wilson
□ Mizuno □ Sun Mountain	
Bank	Checking Account#
Address	Loan#
Phone ()	Officer's Name
TERMS AND CONDITIONS (Net 30 days	unless otherwise determined or approved)
The undersigned hereby warrants that all information provided complete, accurate and truthful. I authorize The Antigua Group of determining credit worthiness. In addition, I also authorize the purposes if necessary. The undersigned agrees, in reading this application, that all investigned on or before said date, the invoice(s) are delinquent.	o, Inc. to make inquiries to the above references for the purpose the processing of a personal credit report for credit granting oices will be paid according to payment terms on the invoice.
	ed also agrees to pay all collection costs, attorney fees and court

Title ____