



NEW ACCOUNT CREDIT APPLICATION

Business Name _____

Store Type: Retail (Off Course) Pro Shop (On Course) Sporting Goods Online Military

Billing Address _____

Mailing Address _____

Telephone _____ Fax _____ E-Mail _____

Generic E-mail address _____ (GM@MyClub.com)

Date Business Established: _____ Form of Ownership: Corporation Partnership Proprietorship

Add my account to Volvik Dealer Locator

Main Contact for questions regarding account

Name _____

Telephone _____ Fax _____ E-Mail _____

Accounts Payable Contact (if different from the main contact above)

Name _____

Telephone _____ Fax _____ E-Mail _____

Federal Tax ID No. _____ / Sales Tax No. _____ / State of _____

Name of Bank: _____ Telephone _____

Contact _____ Account Number _____

Address _____



Please List Names and Addresses of Officers and Owners

Name	Title	Address	Social Security No.

Credit Card Information: Please select payment option.

- Prepay - I authorize Volvik USA to charge card on file at the time of shipment.
- Card on file - I authorize Volvik USA to maintain my credit card on file. However, all transactions must be approved prior to charging.

Name on Card _____ Card # _____

Expiration Date _____ CVV Code _____

Billing Address _____

Title _____ Signature _____

Trade References (Three Required)

Company Name	Address	Telephone No.	Account No.

Applicant

Name of Business: _____

By _____ Date: _____
Signature

Title

You may submit this form by email: **orders@volvik.com**