

Responsible Billing

Credit Manager Approval:

Party:

CREDIT APPLICATION

8 Industrial Park Drive Unit 8 Hooksett, NH 03106 (800) 639-5404 Fax: (603) 625-2571 accounting@deadperfectgolf.com

Mail or Fax Credit Applications To:

TO Deadperfect Golf: For the purpose of establishing credit with Sylvain Roy & Associates Inc. dba Deadperfect, the undersigned Applicant furnishes the following information. Applicant represents and warrants said information is true and correct and a complete statement of its financial condition.

Company Name:				_
Billing Address:				_
City:	State:	Zip	Years in Business:	_
Business Telephone:	Fax #:	e-mail ad	dress	-
Shipping Address:				_
(check if same as billing)				
Deadperfect emails all invoices and state please provide the email address you wo	ements uld like to use			
Circle all that apply: Corporation	Partnership Propriet	torship Limited Liab	ility Company	
Owners (if applicant is a sole owner or pa				
Address:		Home Phone:		
Company Name, Phone, Account #	GOLF TRAD	DE REFERENCES	Company Name, Phone, Account #	
Billing Party Bank Reference:_				
Account Number:		Bank Telephone #	:	_
Contact Person:		Bank Fax Numbe	r:	
PLEASE SUPPLY THE FOLLOW 1. Do you require a purchase ord 2. Do you have any restrictions of 3. Do you require a monthly stat PLEASE READ CAREFULLY — 1. Remittance is due and pa 2. Customer agrees to pay for	VING INFORMATIO for number on each invoice on who can order or sign for ement. OPEN ACCOUNT CI yable per the invoiced inance charges of 1.5%	ON TO HELP US SE te? For merchandise REDIT TERMS: d-specific terms. 6 per month (18% a		ılances.
determining the extension	n or continuation of continuation of continuation of continuations. Formation is correct, has bod and agreed that the filize credit reporting se	redit to a customer. y fees, collections cos s accepted and agrees undersigned specifica ervices for information	to be bound by all the above terms a lly consents to Deadperfect investig on the undersigned. Facsimile copi	adperfect in nd conditions set ating the
Title:Sign	nature:			
PERSONAL GUARANTEE: The undersigned hereby uncondition obligations, and liabilities of the cust and including any interest, attorney f terms of this Credit Application. The received by Deadperfect. This notice received and shall not affect any characteristics.	comer named in this Cruces, and collections and is guarantee shall continue shall specify the date nges for transaction with	edit Application, includ court costs. The undinue in force until notion of termination, not to the the customer that we	ading all amounts now owing and ari dersigned agrees to be personally borce in writing sent certified mail with be less than seven (7) days after the tere entered into prior to the terminat	sing in the future, and by all credit return receipt, is notice is
Date: Signate:	gnature:			

Effective Date:

Mail, email or FaxTo:



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BLANKET EXEMPTION CERTIFICATE - MULTI-STATE

The undersigned purchaser certifies that the property or services described below, which will be Purchased from the seller, is exempt from sales and use taxes in the states listed on this form in which delivery or performance of said purchases will be made for the following reasons.

Material 1	for resale		Purchaser is a nonprofit organization			
_	for processing and l tangible property t		nent Other author (Specify)	ized exemption		
☐ Inside City Limit		☐ We do not cla a tax source	We do not claim exemption as we pay a tax source			
Outside C	City Limit		State does no	ot collect resale tax		
Insert Busine	ess name and addre	ss in space below				
Description of	of Purchased article	s:				
purchase which w		e within and of the desig	nated jurisdictions, he becor	r than stated above for any reason nes liable for the tax		
any purchase wh Purchaser is not salutary rate imp certificate for his properly comple manufacturer an	ereby seller is requested registered for sales and us osed by the ship-to-jurist own account; or in the al ted exemption certificate d shipper) and forwards s	to make delivery to a thir se tax purposes, and that diction, unless the Purcha ternative, he requests fro with respect to the ship- such third party exemption	d party who has commercia Seller will invoice purchase aser registers and submits a m his customer, pursuant to to-location) thereby exempt on certificate to the address			
			ery purchase order not exen			
Purchaser		Si	gned			
Address		Ti	tle			
		To	odav's Date (ertificate Date		
AND/OR USE TA	YOUR NUMBER IN THE	E FOLLOWING TAX JUR		J ARE REGISTERED FOR SALES		
AK	GU	ME	NM	TN		
AL	HI	MN	NY	—— UT ———		
AZ	ID	MO	ОН	VA		
CA	il —	MS	ОК	VI		
co	IN	MT	OR OR	VT		
ст	KS	NC	PA	WA		
DC	KY	ND	PR	wi		
DE	LA	NE	RI	wv		
FL	MA	NH	sc	WY		
GA	MD	ил	SD			