



Golf New Account Form/Credit Application

Business Information: Corporation Partnership LLC Other _____

Bill To: _____ Ship To: _____

Phone: _____ Buyer Contact: _____
 Fax: _____ Email: _____
 A/P Contact: _____ Fax: _____

Party responsible for payment: Pro Club Other _____

Number of years in business: _____ Credit Limit Requested: _____

If Pro is responsible, please complete.

Residence Phone: _____ Off Season Phone: _____
 SS#: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Prior Club: _____ City: _____ State: _____ Zip: _____
 Number of years: _____ Months Pro Shop is open: _____

If a credit information sheet is available, please attach.

Additional information may be requested by the Credit Department, including audited or interim financial statement.

Bank Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Account #: _____ Contact: _____

Trade references: *(preferably related manufacturers with whom you have open account)*

1. _____ Account #: _____ Phone: _____
 2. _____ Account #: _____ Phone: _____
 3. _____ Account #: _____ Phone: _____

All invoices will be paid within terms. If placed for collection for non payment of account, applicant will be responsible for attorney fees and collection costs. The venue of any lawsuit to collect this account shall be in Middlesex County, NJ. Applicants signature certifies that the above information if correct. As part of this application for credit we authorize Vantage to obtain credit information from the references listed above and any other references or credit reporting agencies. If party responsible is a sole proprietor or partnership, Vantage is authorized to obtain consumer credit information in connection with a business transaction.

Signature: _____ Title: _____ Date: _____