

VERITAS

GOLF COMPANY

Account Application

Rep name: _____ Date _____

Golf: <input type="checkbox"/> Off Course <input type="checkbox"/> On Course Other: <input type="checkbox"/> Mass Merchant <input type="checkbox"/> Sporting

WE HEREBY APPLY FOR THE EXTENSION OF CREDIT BY VERITAS GOLF COMPANY
THE FOLLOWING INFORMATION IS SUBMITTED AS A BASIS FOR OUR APPLICATION

PLEASE ANSWER ALL QUESTIONS, OR WRITE "N/A" IF NOT APPLICABLE

FIRM NAME		TRADE NAME (DBA)			
STREET ADDRESS				PHONE ()	
CITY	COUNTY	STATE	ZIP CODE	EMAIL FOR ELECTRONIC INVOICING	
FULL NAME OF OWNER OR OWNERS (OR AN AUTHORIZED OFFICER OF COMPANY) LIST NAME, SOCIAL SECURITY NUMBER, HOME ADDRESS & ZIP CODE					
PLEASE CHECK ONE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	FED EIN: TAX NO.
TYPE OF BUSINESS				DATE STARTED	
ESTIMATED ANNUAL SALES					
FORMER BUSINESS			LOCATION		
OWN OR RENT BUILDING- IF RENT- FROM WHOM?				VALUE	
REAL ESTATE MORTGAGE					

FINANCIAL STATEMENTS ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO-WILL FORWARD BY THE FOLLOWING DATE:

TRADE REFERENCES

NAME	CITY, STATE, ZIP	ACCOUNT #	PHONE

NAME OF BANK	PHONE ()	
STREET ADDRESS	CONTACT	
ACCOUNT NUMBER	CITY	STATE

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS; UPDATE THE FINANCIAL INFORMATION ON AN ANNUAL BASIS AND AGREE TO PAY A LATE CHARGES ON INVOICES NOT PAID WITHIN TERMS.

APPLICANT FURTHER AGREES THAT VERITAS GOLF WILL BE PAID IN FULL BEFORE CREDIT APPLICANT UNDERGOES ANY MANAGEMENT CHANGE.

DATE _____ PRINTED NAME _____

Mail application to:
 Veritas Golf Company
 3195 N Oceanshore Blvd
 Flagler Beach, FL 32136
 or email to info@cureputters.com
 Toll Free 855-583-7482

TITLE _____

SIGNATURE _____