



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: _____
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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: _____
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