



Volvik USA INC.

4301 Vineland Rd. Suite E3 Orlando FL 32811

Phone: (407) 649-0013 Fax: (407) 649-0015

NEW ACCOUNT CREDIT APPLICATION

Business Name _____

of Locations _____ If multiple shops, Corp Owned Shop _____ Individual Store Franchise _____ Central Bill _____

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

Street Address _____

Mailing Address _____

Telephone _____ Fax _____ E-Mail Address _____

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

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

Name of Bank: _____ Phone _____ Contact _____

Account Number _____ Address _____

Please List Names and Addresses of Officers and Owners

Name	Title	Home Address	Social Security No

Credit Card Information: I authorize Volvik USA to charge the credit card below for my account 30 days after the invoice date. Volvik USA will notify Guarantor before using this option.

Name on Card _____	Billing Address _____
Card Number _____	Expiration _____
Title _____	

Trade References (Three Required)

Company Name	Street/City/State/Zip	Telephone No.	Account No.



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PERSONAL GUARANTEE: In consideration of the extension of credit by Volvik USA (Seller) herein to Buyer herein, the undersigned does jointly and separately guarantee to any and be responsible for payment of all suits, balances and accounts due Seller by Buyer, including a 33.3% collection charge and/or attorney's fees. This shall be an open and continuing guarantee and shall continue in force notwithstanding and changes in the form of such indebtedness renewals or extensions granted by the Seller, without obtaining any consent thereto, and until expressly revoked by written notice via certified mail from me/us to Seller. Any such revocation shall not in any manner affect my/our liability as to any indebtedness existing statue, against the Buyer. No delay on Seller's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligation hereby guaranteed, either against the Buyer or any other person primarily or secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudiced Seller's right against me/us. I/we agree that in the event any default at any time by said Buyer, Seller shall be entitled to look to me/us immediately for full payment with prior demand of notice.

Applicant:

Name of Business: _____

By _____
Signature

Date: _____

Its _____
Title

Guarantor _____
Signature

Date: _____

Printed Name _____

Guarantor _____
Signature

Date: _____

Printed Name _____

You may submit this form by fax: ((407) 649-0015 or email: jonclaffey77@gmail.com, but a copy containing original signatures (in blue ink) must be mailed to: Volvik USA, 4301 Vineland Rd. Suite E3 Orlando FL 32811