



Phone: (770) 360-9600
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Golf Finance Division

Confidential Credit Application

(Please print or type if faxing or submitting by mail)
 Please complete ALL areas on the Application

Company and Contact Information: (This application is for U.S. entities and residents only.)			
Legal Name:		Contact Name & Title:	
Company Address:		Phone: () -	
City	State	Zip Code	County
Billing Address:		Fax: () -	
		County	
State of Incorporation:		Date of Incorporation	Federal Tax ID #
Years under current Ownership:		# Of members:	
Legal Entity (Check one)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Municipality	<input type="checkbox"/> Subchapter S	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Proprietorship
Exempt Sales/Use Tax:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Principals/Partners/Owners:			
Name:	% Owned	Home Address:	Social Security Number:
Parent Company Name (if subsidiary):		Parent Address:	
Finance Transaction Information: (Attach copy of Sales Proposal if available)			
Supplier:		Contact:	Phone:
Quantity:	Description:	Model #:	Serial #:
Finance Type:		Total Equipment Selling Price:	\$
<input type="checkbox"/> Loan & Security Agreement		Applicable Sales Tax:	\$
<input type="checkbox"/> Tax Lease/ FMV purchase option		Documentation Fee:	\$ 175.00
<input type="checkbox"/> Nominal Lease (Dirty Lease)		(Down Payment/Trade-In):	(\$)
<input type="checkbox"/> Municipal Lease		Payoff of Trade-In:	\$
		Total Financed Amount:	\$
Term:	Payment Amount:	Payment Schedule:	
_____ Months	(#) _____ Payments of \$ _____ .00	<input type="checkbox"/> Equal Monthly	
		<input type="checkbox"/> Skips: _____	
		(Indicate months with skips)	

