



16651 N. 84th Ave
 Peoria, AZ 85382-4772
 623-523-6000 800-562-9777
 FAX 623-523-6008
 E-MAIL credit@antigua.com

APPLICATION FOR CREDIT

Date: _____
 Name: _____
 Club Name: _____
 Business Address _____
 (City, State, Zip) _____
 Home Address _____
 (City, State, Zip) _____
 How Long in Present position _____
 Who Owns Merchandise?
 Club _____ Golf Professional _____
 VGM member number _____
 Business Description: Private Course Public course
 Off Course Shop Driving Range
 Purchase Order Required Yes No
 Is Pro Shop Open all Year? Yes No
 If no, closed from: _____ to: _____

Social Security# _____
(required if sole proprietorship)
 PGA member # _____
 Do you want to be added to PGA retirement? Yes No
 Business Phone () _____
 FAX Phone () _____
 Home phone: () _____
 Website Address _____
 E-Mail Address _____
 Do you want invoices & statements e-mailed Yes No
 Previous Employment Head Pro Assistant Pro
 _____ Years _____
 Person to contact for Accounting Issues:

 Phone # () _____
 State Sales Tax# _____
(must have tax form to be exempt)
 Phone number during off season months
 () _____

TRADE REFERENCES (Companies from whom you now purchase on an open account basis)

1. Name _____
 Acct# _____ Phone () _____
 Address _____

 Contact Name _____

 3. Name _____
 Acct# _____ Phone () _____
 Address _____

 Contact Name _____

2. Name _____
 Acct# _____ Phone () _____
 Address _____

 Contact Name _____

 4. Name _____
 Acct# _____ Phone () _____
 Address _____

 Contact Name _____

Bank _____
 Address _____
 Phone () _____

Checking Account# _____
 Loan# _____
 Officer's Name _____

TERMS AND CONDITIONS (Net 30 days unless otherwise determined or approved)

The undersigned hereby warrants that all information provided herein is, to the best of their knowledge, in all respects complete, accurate and truthful. I authorize The Antigua Group, Inc. to make inquiries to the above references for the purpose of determining credit worthiness. In addition, I also authorize the processing of a personal credit report for credit granting purposes if necessary.

The undersigned agrees, in reading this application, that all invoices will be paid according to payment terms on the invoice. If not paid on or before said date, the invoice(s) are delinquent. The undersigned also hereby agrees to comply with terms and conditions of sale as stated on price sheets and agrees to pay interest at a rate of 1.75% per month (21% annual percentage rate or the maximum rate permitted by law, whichever is less) on any past due balance and to pay all collection costs, attorney fees and court costs incurred in the course of collecting any past due balance. Any jury trials will be waived as part of this contract.

Signature _____
 Name _____

Date _____
 Title _____

(over)