

Credit Application

Golf Division | Phone: 800-532-7392 | Fax: 800-741-8079 | Email: golf@vgmfs.com | Website: www.vgmfs.com



Distributor/Vendor:

Business Information

Legal Business Name / DBA Name		DBA			
Street Address		City	State/Zip		
Phone		Fax	E-mail Address		
Sales Contact	Title	Gross Annual Revenue	Date & State Incorporated	Please Select <input type="checkbox"/> Non-Profit <input type="checkbox"/> Profit	
Business Structure <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> LLP <input type="checkbox"/> Sole Prop		Number of Employees	Number of Holes	Years Under Current Ownership	Federal ID Number
Type of Course <input type="checkbox"/> Member Owned <input type="checkbox"/> Private Number of Members _____ Initiation Fee \$ _____ Annual Dues _____ <input type="checkbox"/> Semi-Private Number of Members _____ Initiation Fee \$ _____ Annual Dues _____ <input type="checkbox"/> Resort/Public Weekday Rate \$ _____ Weekend Rate \$ _____ Annual Rounds _____ <input type="checkbox"/> Management Group Name _____ Address _____		Municipal Course Local Government or Agency thereof (county, municipality, school district, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No The reasonably anticipated amount of tax-exempt obligations which you issue during the current calendar year does not exceed \$10,000,000.00? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Partners/Principals Information

Name (Personal Guarantor/Principal/Partner/Officer)	Title	Percent Owned	Social Security #	Declared Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When?
Address	City	State/Zip	Phone	Date of Birth	
Name (Personal Guarantor/Principal/Partner/Officer)	Title	Percent Owned	Social Security #	Declared Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When?
Address	City	State/Zip	Phone	Date of Birth	

Equipment Information

Equipment Type <input type="checkbox"/> Turf Equipment <input type="checkbox"/> Golf Cars <input type="checkbox"/> Other _____		Manufacturer		Year/Make/Model	
Quantity	Equipment Cost	Total Equipment Cost	Term <input type="checkbox"/> 2 Yr. <input type="checkbox"/> 3 Yr. <input type="checkbox"/> 4 Yr. <input type="checkbox"/> 5 Yr. <input type="checkbox"/> 6 Yr.		
Current Brand of Golf Cars	Date of Next Golf Car Purchase	Current Brand(s) of Turf Equipment	Date of Next Turf Equipment Purchase		

References

Is There a Mortgage on the Golf Course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Holder
Mortgage Holder Contact Name		Mortgage Holder Contact Phone
Business Bank Reference Name		Contact Contact Phone
Turf Equipment Financed By		Golf Cars Financed By

By submitting this Application, the undersigned warrants that the applicant and each individual listed as a principal, partner, owner, guarantor or obligor consent, authorize and warrant as follows: (a) VGM Financial Services and its agents ("VGMFS") may obtain commercial and consumer credit reports, investigate references and statements, and make other credit inquiries about the applicant and all such individuals, and anybody contacted in connection therewith may release any credit and financial information; (b) VGMFS and its affiliates may share with one another financial, credit and other information about the applicant and such individuals and use shared information to market to the applicant and the individuals; (c) the information on or accompanying this Application is true and complete, and the undersigned will notify VGMFS of any material change in any information; (d) this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes; (e) the applicant, if an individual, is a citizen or lawful permanent resident of the United States; and (f) this Application will apply to any future request for additional financing and all notices, disclosures, consents and warranties shall be deemed repeated for each future request, unless the applicant submits a new written application. VGMFS does not make offers or commitments to extend credit except in final signed documents and, in limited circumstances, in and pursuant to the terms and conditions of written commitment letters. Term sheets, proposal letters, approval letters and the like are not commitment letters.

Signature/Title

Date

READ CAREFULLY BEFORE SUBMITTING THIS APPLICATION: We recommend that you print the Application, sign it below and fax or mail it to us at the address set forth above. If you send this Application by unencrypted and non-secure e-mail, the contents including non-public information may be at risk, and we are not responsible for the security of the contents or for any theft or loss of data during e-mail transmission. If you decide to assume the risk of submitting this Application by e-mail, enter your name as authorized agent below. By entering your name and submitting this Application to us, you agree that this Application is an electronic record executed by you using your electronic signature.

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Manager, 11100 Wayzata Blvd., Suite 801, Minnetonka, MN 55305 (866-311-2755) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington DC 20006.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

(Please retain a copy of this notice and application for your records, updated 7/14)