

Open the DOOR to a better cart cover...™

DEALER VERIFICATION / CREDIT APPLICATION

COMPANY NAME _____

CONTACT NAMES _____

MAIL - STREET _____ SHIP - STREET _____

MAIL - CITY _____ SHIP - CITY _____

MAIL - STATE _____ SHIP - STATE _____

MAIL - ZIP _____ SHIP - ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

TAX ID NUMBER _____

TYPE(S) OF CARTS YOU SELL _____

WHERE DID YOU HEAR ABOUT US? _____

REFERENCES - Please list GOLF RELATED companies.

COMPANY NAME _____

ADDRESS _____

CONTACT _____ FAX _____ TEL _____

NUMBER OF YEARS DONE BUSINESS WITH _____

COMPANY NAME _____

ADDRESS _____

CONTACT _____ FAX _____ TEL _____

NUMBER OF YEARS DONE BUSINESS WITH _____

COMPANY NAME _____

ADDRESS _____

CONTACT _____ FAX _____ TEL _____

NUMBER OF YEARS DONE BUSINESS WITH _____

THE TERMS OF YOUR CREDIT, IF APPROVED, WILL BE NET 30 DAYS, DISCOUNTS AS QUOTED, PAST DUE INVOICES SUBJECT TO 1 1/2% FINANCE CHARGE PER MONTH UNTIL



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