



GO LOW Golf, Inc.
P.O. Box 480196
Kansas City, MO 64148
1-888-58-GOLOW (46569) – fax 816-318-0321
info@protourcard.com

Please complete the application below then print, sign and fax it to: 816-318-0321

APPLICATION FOR CREDIT and PERSONAL GUARANTEE

Company Name(Legal, in full): _____ Fed ID #: _____

Mailing Address: _____ Zip Code: _____

Shipping Address: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____ A/P Contact: _____

Principal(s)/Officer(s) of the Company:

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Trade References:

Name: _____ Phone: _____ Fax: _____ Contact: _____

Name: _____ Phone: _____ Fax: _____ Contact: _____

Name: _____ Phone: _____ Fax: _____ Contact: _____

Bank Reference:

Name: _____ Phone: _____ Fax: _____ Contact: _____

Credit Card Information:

Card Number: _____ Exp. Date: _____ Cardholders Signature: _____

Name on Card: _____ Name of person(s) Authorized to use this card: _____

Processing fee of 2.5% is billable at time of credit card usage for each transaction. Credit card may be used on balances over 60 days where no response in resolving the account is received from the customer.

Credit Policy

Credit will only be extended after a detailed credit check is completed including references. We hereby authorize GO LOW GOLF, Inc. to obtain such credit reports or other information as may be deemed necessary in connection with this application.

On approval of credit, a credit limit will be established by the Credit Department and may be changed by the credit department upon review. Orders received when the customer is over their credit limit will be accepted solely at the discretion of the Credit Department.

The extending of credit is a privilege, and may be reduced or withdrawn upon receipt of a N.S.F. chq, or any outstanding balance over 60 days. Credit privileges will be withheld until satisfactory arrangements are made regarding the full outstanding balance, including service charges.

We agree to pay the account balance within 30 days of invoice date, and will accept carrying charges of 2% per month, 26.8 per annum on any overdue balance. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

By signing below, I acknowledge that I have read and understand your terms of credit as indicated above and agree to abide by them.

Signature of Applicant: _____ Title: _____

Printed Name of Applicant: _____ Date: _____

Signature of Applicant: _____ Title: _____

Printed Name of Applicant: _____ Date: _____

PERSONAL GUARANTEE

In the event payment is not made by the operating company, I will personally guarantee, as a principal/officer of the company, that payment will be made to GO LOW GOLF, Inc. for any purchases.

Printed Name of Applicant: _____ SIN/SSN: _____ D.O.B.: _____

Signature of Applicant: _____ Signature of Witness: _____

ACCOUNTING USE ONLY Approved Credit Limit Amount: _____ Approved by CFO: _____ Date: _____
