**Dealer/Credit Application**

Date:

Business Info

Business Name:

Owner Name: Home Phone: Cell Phone:

Business Address: City: State: Zip:

Mailing Address: City: State: Zip:

Fax: Business Phone:

Email:

Website Address:

References

Name: Name:

Since: Since:

Name: Name:

Since: Since:

Credit Card Info

Credit Card: Exp. Date Code

Mastercard Discover Visa American Express COD

I authorize the above listed companies to release account information to Vaga Golf LLC. I agree to pay all invoices from Vaga Golf LLC by its due date. I agree to pay all past due service charges that may apply to my account. I agree to pay all collection and attorney fees if my account becomes delinquent.

Signature Print Name Date