eacperfect

CREDIT APPLICATION

TO Deadperfect Golf: For the purpose of establishing credit with Sylvain Roy & Associates Inc. dba Deadperfect, the undersigned Applicant furnishes the following information. Applicant represents and warrants said information is true and correct and a complete statement of its financial condition.

Mail or Fax Credit Applications To: 8 Industrial Park Drive Unit 8 Hooksett, NH 03106 (800) 639-5404 Fax: (603) 625-2571 accounting@deadperfectgolf.com

Responsible Billing Party:				_
Company Name:				
Billing Address:				
City:	State:	Zip	Years in Business:	
Business Telephone:	Fax #:	e-mail addre	255	
Shipping Address: (check if same as billing)				_
Deadperfect emails all invoices and statements please provide the email address you would lik				
Circle all that apply: Corporation Partne	rship Propriet	orship Limited Liabilit	y Company	
Owners (if applicant is a sole owner or partners) Name:			_EIN or SS#	
Address:		Home Phone:		
Company Name, Phone, Account #	GOLF TRAD	E REFERENCES	Company Name, Phone, Account #	
		_		
Billing Party Bank Reference:				
Account Number:		Bank Telephone #:		_
Contact Person:		Bank Fax Number:		_
 PLEASE SUPPLY THE FOLLOWING Do you require a purchase order num Do you have any restrictions on who Do you require a monthly statement. PLEASE READ CAREFULLY – OPEN Remittance is due and payable Customer agrees to pay finance At the discretion of Deadperfet 	ber on each invoice can order or sign fo ACCOUNT CR per the invoiced e charges of 1.5%	e? or merchandise REDIT TERMS: I-specific terms. % per month (18% ann	VE YOUR ACCOUNT NEEDS: YesNo YesNo YesNo nual rate) on overdue account ba	llances. is at any time.
determining the extension or c	ontinuation of cr sonable attorney	redit to a customer.	rts, and bank references for the and court costs incurred by Dea	
The undersigned warrants that all informat forth in this document. It is understood an applicant's credit history and may utilize c as originals. Date:Print Nan	ion is correct, has d agreed that the redit reporting ser	undersigned specifically rvices for information of	v consents to Deadperfect investigant the undersigned. Facsimile copies	ating the
Title:Signature PERSONAL GUARANTEE: The undersigned hereby unconditionally gi obligations, and liabilities of the customer and including any interest, attorney fees, at tarms of this Cradit ApplicationThis guas	uarantee(s) the ful named in this Cre nd collections and	ll and prompt payment o edit Application, includi d court costs. The under	of Deadperfect when due all indeb ng all amounts now owing and aris rsigned agrees to be personally bou	sing in the future, und by all credit

and including any interest, attorney fees, and collections and court costs. The undersigned agrees to be personally bound by all credit terms of this Credit Application. This guarantee shall continue in force until notice in writing sent certified mail with return receipt, is received by Deadperfect. This notice shall specify the date of termination, not to be less than seven (7) days after the notice is received and shall not affect any changes for transaction with the customer that were entered into prior to the termination date.

Date:

Signature:

Credit Manager Approval:

Effective Date: