



Easy Picker Golf Products, Inc.  
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## APPLICATION FOR CREDIT

Please Fill Out Completely and Submit VIA: Mail, Fax or E-mail (listed above)

Company Name \_\_\_\_\_

Parent Company Name (if different) \_\_\_\_\_

BILLING Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Bills are paid by: Management Company \_\_\_\_\_ Course \_\_\_\_\_ Other \_\_\_\_\_

SHIPPING Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone (Main) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

Fax \_\_\_\_\_ Website \_\_\_\_\_

Owner Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_ & E-mail \_\_\_\_\_

Management Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone (Main) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

Fax \_\_\_\_\_ Website \_\_\_\_\_

Main Contact for Ordering Products \_\_\_\_\_

Phone \_\_\_\_\_ & E-mail \_\_\_\_\_

Main Contact for Accounts Payable \_\_\_\_\_

Phone \_\_\_\_\_ & E-mail \_\_\_\_\_

Preferred Method to Receive Invoices/Statements:  E-mail  Mail  Fax

**CHECK ONE:**  Corporation  General Partnership  Limited Partnership

LLC  Sole Proprietorship  Government  Non-Profit

Tax Exempt?  Yes  No Certificate # \_\_\_\_\_ State \_\_\_\_\_

(If yes, MUST include resale card with application)

Fed Tax ID or SS # \_\_\_\_\_ Type of Business \_\_\_\_\_

Date Business Established \_\_\_\_\_ State Where Established \_\_\_\_\_

Types of Products Interested in Purchasing \_\_\_\_\_

Credit Requested \$ \_\_\_\_\_ P.O.'s Required on Invoices? \_\_\_ Yes \_\_\_ No  
Default Terms are Net 30, If your company's AP cycle is different, please tell us what they are \_\_\_\_\_

Special Shipping/Billing Instructions \_\_\_\_\_

Have you or any of your affiliates filed bankruptcy in the last seven years?  
\_\_\_ Yes \_\_\_ No If YES, under what name: \_\_\_\_\_

Have you or any of your affiliates ever had credit with us before or purchased from us before?  
\_\_\_ Yes \_\_\_ No  
If YES, under what name? \_\_\_\_\_

**TRADE REFERENCES (REQUIRED & MUST LIST THREE REFERENCES)**

***Reference #1*** (Active account with activity occurring within the last 12 months)

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_  
E-mail (if available) \_\_\_\_\_ Account Opened Since \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

***Reference #2*** (Active account with activity occurring within the last 12 months)

Business Name \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Acct # \_\_\_\_\_  
E-mail (if available) \_\_\_\_\_ Account Opened Since \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

**Reference #3** (Active account with activity occurring within the last 12 months)

**Business Name** \_\_\_\_\_ **Contact** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/St/Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Acct #** \_\_\_\_\_  
**E-mail (if available)** \_\_\_\_\_ **Account Opened Since** \_\_\_\_\_  
**Credit Limit \$** \_\_\_\_\_ **Current Balance \$** \_\_\_\_\_

**BANK REFERENCE (OPERATING ACCOUNT FOR COMPANY APPLYING FOR CREDIT)**

**Banking** (Active account with activity occurring within the last 6 months)

**Institution Name** \_\_\_\_\_  
**Account #** \_\_\_\_\_ **Type of Account** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City/St/Zip** \_\_\_\_\_  
**Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**E-mail (if available)** \_\_\_\_\_ **Fax** \_\_\_\_\_



## TERMS & CONDITIONS

I, the undersigned, hereby certify that the information contained herein is complete and accurate and that I am authorized to complete and submit this information on behalf of \_\_\_\_\_ (company name). This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in or attached to this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

I understand that if Easy Picker Golf Products (EP) approves my credit application, I will agree with the standard terms and conditions\*(see below) or the terms agreed upon at the time of placing a particular order and furnished on the invoice provided by EP.

**STANDARD TERMS:**

- Net 30 Days from Date of Invoice
- TERMS ARE NOT NEGOTIALBLE unless otherwise stated on final invoice.
- **1 Year Guarantee-** Easy Picker Golf warrants most of our products against defects in material and workmanship for the period of ONE YEAR from the date of purchase.

The undersigned further acknowledges that credit privileges, if granted, may be withdrawn at any time.

Stocked and non-stocked items, which are defective, may not be returned without prior authorization for credit or replacement. The returned merchandise must have the assigned RMA# (Returned Material Authorization #) visibly written on or inside of the packaging. The RMA # is obtained when EP has been contacted directly regarding the defective merchandise. Credit (if applicable) for properly returned items will be given when material is received and inspected. Returned merchandise is subject to a 10%-25% re-stocking fee, depending on the item including other fees, which may be waived in certain circumstances when deemed appropriate. Additionally, original shipping charges and shipping charges incurred to deliver returned items to EP will be waived and/or charged to the customer based on the circumstances and is up to the sole discretion of the EP Sales Manager.

The risk of loss of any goods and/or materials shall pass to me, purchaser, as soon as the said goods and/or materials are delivered at my place of business or any other place designated by purchaser for delivery.

Should the stated company default in its obligations, the stated company further agrees to pay Easy Picker Golf Products, Inc. for all costs, expenses and collection fees incurred in recovering equipment or monies due and in enforcing its rights. EP shall be entitled to recover reasonable legal fees and all expenses incurred, regardless of the form of legal action that is taken by EP. All transactions are subject to the laws of the State of Florida.

All items shipping within the State of Florida will be charged the applicable sales tax for the county where the products are being delivered. If exempt, please supply Sales Tax Exemption Form with application.

These terms and conditions of sale shall control on all sales, including all direct shipment sales arranged by or through Easy Picker Golf Products, whether or not materials are delivered by or through EP.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Position**

\_\_\_\_\_

**For Office Use Only:** # \_\_\_\_\_ Cust No \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_ Accepted \_\_\_\_\_ Terms \$ \_\_\_\_\_ Cr Lmt \_\_\_\_\_  
\_\_\_\_ Declined: (Reason) \_\_\_\_\_  
\_\_\_\_ CC Auth \_\_\_\_\_ PP \_\_\_\_\_ COD: Check \_\_\_\_\_ Cashier's Check Only \_\_\_\_\_  
\_\_\_\_ MAS \_\_\_\_\_ GLDM \_\_\_\_\_ EMAIL \_\_\_\_\_ CA/CD LTR \_\_\_\_\_  
\_\_\_\_\_ EP Salespsn

**Add'l Notes:**

\_\_\_\_\_