



VGM Financial Services Credit Application

Golf Department
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Fax: 800-741-8079
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|---|--|----------------|--|-------------------------------|
| Business Information | Legal Business Name / DBA Name | | Mo./Yr. Established | Years Under Current Ownership |
| | Street Address | | City/State/Zip | |
| | Phone | Fax | Email | |
| | Contact | Title | VGM Club Member No. | Number of Holes |
| | Annual Revenue | Federal ID No. | Please Select <input type="radio"/> Profit <input type="radio"/> Non Profit | Tax Id No. |
| | Business Structure (Please check one) | | | |
| | <input type="checkbox"/> LLC <input type="checkbox"/> C Corp <input type="checkbox"/> Sub S Corp <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietorship | | | |
| | Type of Course (Please check one) | | | |
| <input type="checkbox"/> Private No. of Members _____ Initiation Fees _____ Annual Dues _____ <input type="checkbox"/> Semi-Private No. of Members _____ Initiation Fees _____ Annual Dues _____ <input type="checkbox"/> Resort/Public Weekly Rate _____ Weekend Rate _____ Annual Rounds _____ | | | | |
| Ownership Structure (Please check one) | | | | |
| <input type="checkbox"/> Member Owned <input type="checkbox"/> Management Group Management Group Name _____ <input type="checkbox"/> Privately Owned No. of Owners _____ Address _____ | | | | |

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|---|---|--|----------------|--------------------|--|
| Partners/Principals | Name (Personal Guarantor/Principal/Partner/Officer) | | % owned | Social Security No | Barnkrptcy Declared <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ |
| | Home Address | | City/State/Zip | Date of Birth | Phone |
| | Name (Personal Guranator/Principal/Partner/Officer) | | % owned | Social Security No | Barnkrptcy Declared <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ |
| | Home Address | | City/State/Zip | Date of Birth | Phone |
| <i>If there are more than two principles/partners, please attach a separate sheet with their information as outlined above.</i> | | | | | |

| | | | | | |
|-------------------|---|--|------------------|----------------|---|
| References | Business Bank Reference Name | | Address | City/State/Zip | Is the applicant a real estate developer? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | Account Number and Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking | | Loan Account No. | Contact | Phone |
| | Golf Cars Financed by: | | Address | City/State/Zip | |
| | Turf Equipment Financed by: | | Address | City/State/Zip | |
| | Golf Course Financed by: | | Address | City/State/Zip | |

| | | | | | |
|-------------------------------|---|--|--------------------------------|--|--------------------------------------|
| Equipment | Current Brand of Golf Cars | | Date of Next Golf Car Purchase | Current Brand of Turf Equipment | Date of Next Turf Equipment Purchase |
| | Equipment Type <input type="checkbox"/> Turf Equipment Golf Cars <input type="checkbox"/> GPS Systems <input type="checkbox"/> POS <input type="checkbox"/> Other _____ | | | Desired Term <input type="checkbox"/> 2Yr <input type="checkbox"/> 3Yr <input type="checkbox"/> 4Yr <input type="checkbox"/> 5Yr <input type="checkbox"/> 6Yr | |
| Equipment Cost / Manufacturer | | | | | |

By submitting this application, you grant consent to and authorize VGM Financial Services ("VGMFS") to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, officer, guarantor or obligor likewise has authorized VGMFS to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You warrant the information on or relating to this Application is true and complete, and you warrant VGMFS of any material change therein. You authorize VGMFS and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application; you authorize anybody contacted to release credit and financial information requested as part of said investigation; and you authorize VGMFS or its designees, at any time and from time to time, to discuss your accounts with representatives of VGM Group and its affiliates. You confirm that this Application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes. If, at some time, or from time to time in the future, you request additional financing from us and you do not submit a new application, you agree that this application shall, in its entirety, apply to such request and all notices, disclosures, consents and waivers shall be deemed to have been repeated at the time of each such request. VGMFS does not make offers or commitments to extend credit except in final signed documents and, in limited circumstances, in and pursuant to the terms and conditions or written commitment letters. Term sheets, proposal letters, approval letters and the like are not commitment letters.

X Signature/Title _____ **Date** _____

Fax completed credit application to 800-741-8079

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Representative, 800-532-7392 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter in a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010-9050.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.