

# CREDIT APPLICATION

Dear Prospective Customer:

Thank you for your interest in opening an account with GolfRama Group.

This customer package includes a GolfRama fact sheet and a Credit Application Form.

Our goal is to initiate your account as quick as possible. Accordingly, we request that you please complete the following Credit Application Form in order to assist the completion of the application process and in initiating your account.

If you are interested in establishing an account, you may fax this information to us at (561) 338-2400. We will need the original documents in our possession prior to activating your new account. If you have any questions, please feel free to contact our accounting department (561) 338-8843.

Thank you and we look forward to working with you and being a part of our long term program.

Yours Sincerely,

GolfRama Team



# FACT SHEET

## Operating Information

Company Type:	Corporation
Incorporated:	February, 1992, State of Florida
Federal ID:	65-0317948
Florida Resale Tax ID:	60-8012226901-7
Corporate address:	3500 NW Boca Raton Blvd. #501 Boca Raton, FL 33431

## Management Team

President and Chief Executive Officer	Dr. Roman Guhr, Phd
Managing Director	Gabor Babos
Operation and Inventory Control	Peter Novotny
Senior Account Manager	Dennys Gonzalez
Sales Operation and Core Acquisition	Samantha Thompson
Accounting	Andrea Lorinczi

## Local Bank Reference

Wells Fargo 3601 NW Federal Hwy, Boca Raton, FL 33431, Phone: 561-338-6042

## Trade References

Worldpac, IMC, SSF, Altrom Canada / North America, German Auto Part, All European Auto Supply, A&F Imported Parts



## APPLICATION FOR CREDIT

Account. #: \_\_\_\_\_ Date: \_\_\_\_\_  
Sales Rep: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Circle One: Corp. Partnership Individual  
City, County, State, Zip: \_\_\_\_\_ Date Formed: \_\_\_\_\_  
FEIN/TIN: \_\_\_\_\_ Nature of Business: \_\_\_\_\_  
Requested amount: \_\_\_\_\_ **USD**

## COMPANY OFFICERS or PARTNERS

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

## BANK REFERENCE

Name: of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Fax: \_\_\_\_\_



## TRADE REFERENCES

Name:	_____	Phone:	_____	_____
Address:	_____	Fax:	_____	_____
Name:	_____	Phone:	_____	_____
Address:	_____	Fax:	_____	_____
Name:	_____	Phone:	_____	_____
Address:	_____	Fax:	_____	_____

I hereby certify that the information provided in the application is true and correct. I authorize the release of credit information requested relevant to the above account.

\_\_\_\_\_

Print Name

Signature

Title

Date

