

# 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

<i>Company Type:</i>	<i>Corporation</i>
<i>Incorporated:</i>	<i>February, 1992, State of Florida</i>
<i>Federal ID:</i>	<i>65-0317948</i>
<i>Florida Resale Tax ID:</i>	<i>60-8012226901-7</i>
<i>Corporate address:</i>	<i>3303 N Dixie Hwy Boca Raton, FL 33431</i>

## Management Team

<i>President and Chief Executive Officer</i>	<i>Dr. Roman Guhr, Phd</i>
<i>Managing Director</i>	<i>Gabor Babos</i>
<i>Financial Officer</i>	<i>Andrea Lorinczi</i>

## 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

