

APPLICATION	N FOR BUS	SINESS CREDIT

OFFICE USE ONLY:	
REP:	_
MGMT CO	

CUSTOMER TYPE:

Office: (916) 899-5025

For the purpose of procuring and obtaining credit accommodations as they may be extended from time to time, Applicant(s) furnishes the following including any and all addenda. Applicant(s) warrants and represents said information truly and completely reflects its financial condition.

Please Type or Print Legibly (Incomplete or unreadable application my delay credit investigation)

Name of Firm:				
Name of Firm:				
Billing Address:		City:	State:	Zip:
Shipping Address		City:	State:	Zip:
County:	Phone: _	Fax: _		
Accounting Contact		E-Mail _		
Date business commen	ced:	Annual Sales: _		
Important: Attach most recent	financial statement if c	redit limit requested is \$5000 or n	nore, or if in business less than 2	yrs.
P.O.#'s Required?		Are you submitting	a resale certificate: Yes	No
Please Check One:	Sole Propri	etor Partnership	Corporation	
Please specify Has this firm o any other insolvency proceed	or any principals, themse ings? Yes or No (if yes	elves, or through association with , please attach letter with explana	another firm, ever been involved	in bankruptcy or
Names of Principals	<u>Address</u>	<u>City/State</u>	<u>Title</u>	
				nce with these
		We authorize you to contact the		nce with these
firms: (<u>Important! Fax numb</u>	ers and area codes w	ill accelerate application proces	esing)	
		ill accelerate application proces		nce with these
firms: (Important! Fax numb	ers and area codes w	ill accelerate application proces	esing)	
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firms: (Important! Fax numb	ers and area codes w	ill accelerate application proces	esing)	
firms: (Important! Fax numb	ers and area codes w	rill accelerate application proces	esing)	Account
firms: (Important! Fax numb	ers and area codes w	Phone E	esing)	Account



The above information is submit be true. Applicant signature atte- with invoice terms.		•	PRG Golf Inc. gness to pay all in	and is warranted to voices in accordance
			(Initial here)
Terms of Payment: All invoice	s are due and payable Net 30	days		
A monthly late charge of 1.5% or outstanding balance.	the maximum allowed by law,	, whichever is gr	eater; will be asse	ssed on any
All accounts not paid when due of the principal balance due, shall be fees and court costs. Should liting jurisdiction and venue in Place of any change in ownership and to by Seller in writing. Applicant/of evaluate the credit worthiness of connection with the extension or knowingly consent to the use of set seq).	e liable for all costs of collectic ation be filed to enforce any of r County, California. Applic further agrees that all charges Guarantor authorizes seller to the undersigned as principal(scontinuation of the business continuation).	on including but the agreements cant and Guarar incurred will ren obtain a written i s), proprietor(s) a redit represente	not limited to ager s contained herein stor(s) further agre nain their respons non-business cred and/or guarantor(s d by this application	ncy and attorney's , I/we agree to les to notify Seller in writing ibility unless agreed lit report to further s) as needed in on, and hereby
Date:				
Individual Applicant/Guarantor:		S/S #:		
	(Sign Here in Ink Please)		(Required if in busine	ess less than 2 years)
Company Authorization:		Title	(<u> </u>	
(Ai	uthorized Officer Sign Here in Ink Plea	ase)		

PRG Golf Inc.

Office: (916) 899-5025



Continuing Guaranty

The undersigned, being an Officer, director, stockholder or other authorized person or agent of the credit applicant, in consideration of the extension of credit and the sale and delivery by PRG Golf Inc. or supplies, fixtures and other merchandise to the applicant, on such terms and conditions as PRG Golf Inc., may from time to time extend to the applicant, does hereby guaranty (jointly and severally, if more than one) absolutely and unconditionally to PRG Golf Inc. the prompt payment of any and all amounts, monies or sums now due or which may hereafter become due as a result of the extension of credit or the sale of merchandise and material or upon any other indebtedness of applicant to PRG Golf Inc., whether for merchandise or material, or other indebtedness, or as evidenced by any note, trade acceptance or open book account, without necessity of recourse first to applicant. The undersigned agrees to pay all costs of collection, including fees to any collection agency, court costs, expenses of collection, including reasonable attorney fees.

The undersigned hereby consent(s) to PRG Golf Inc. use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) PRG Golf Inc. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

Date			
GUARANTOR(S)			
Signature			
	Name (please print or type)	Social Security Number	
Signature			
	Name (please print or type)	Social Security Number	

Office: (916) 899-5025

(Rev. October 2018)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.											
	PRG Golf, Inc												
	2 Business name/disregarded entity name, if different from above												
	PRG Golf												
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
e. ns on p	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC						Exempt payee code (if any)						
cti ç	Limited liability company. Enter the tax classification (C=C corporation, S=	S corporation, P=Partners	ship) ▶										
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check								Exemption from FATCA reporting code (if any)					
<u>eci</u>	☐ Other (see instructions) ►					1				ed outsid	e the U.S.)		
ဇ္ဇ	5 Address (number, street, and apt. or suite no.) See instructions.		Request	er's	name	and ad	dres	s (opt	ional)				
See	269 Technology Way, Ste 4												
	6 City, state, and ZIP code												
	Rocklin, CA 95765												
	7 List account number(s) here (optional)												
	Town over Identification Number (TIN)												
Par	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name	o given on line 1 to avo	oid T	Soc	cial se	curity	num	ber					
backı	in withholding. For individuals, this is generally your social security number	ber (SSN). However, fo	ora [7		Γ	Г	$\overline{}$	T		
reside	ent alien, sole proprietor, or disregarded entity, see the instructions for P	art I, later. For other	- 1			-	-		-				
entitie TIN, la	s, it is your employer identification number (EIN). If you do not have a number	umber, see How to get		or					l L				
	If the account is in more than one name, see the instructions for line 1.	Also see What Name a			ploye	rident	ificat	ion n	umbe	r			
Numb	per To Give the Requester for guidelines on whose number to enter.	, and don trial tame o				Г	Τ	Г			T		
			1	9	3	- 4	6	7	9	1 3	9		
Par	Certification						_			1			
	penalties of perjury, I certify that:												
2. I ar Sei	e number shown on this form is my correct taxpayer identification numb n not subject to backup withholding because: (a) I am exempt from bact vice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	kup withholding, or (b)	I have r	not b	een i	notifie	d by	the	Interna	al Rev I me t	renue hat I am		
	n a U.S. citizen or other U.S. person (defined below); and												
	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting	g is corr	rect.									
Certif you ha	ication instructions. You must cross out item 2 above if you have been not ave failed to report all interest and dividends on your tax return. For real establishment of secured property, cancellation of debt, contribution than interest and dividends, you are not required to sign the certification, but	tified by the IRS that you ate transactions, item 2 ons to an individual retire	u are cui does no ement ar	rrent ot ap	tly sul ply. F gemer	or mo nt (IRA	rtgag .), and	je int diger	erest p nerally.	baid, , payn	nents		
Sign Here		ef .	Date ►	Ц	15	5/	20	02	4				
	neral Instructions	• Form 1099-DIV (div funds)	vidends,	, inc	luding	thos	e fro	m st	ocks (or mu	tual		
Section noted	on references are to the Internal Revenue Code unless otherwise i.	 Form 1099-MISC (v proceeds) 	various 1	type	s of i	ncom	e, pri	izes,	awar	ds, or	gross		
			Form 1099-B (stock or mutual fund sales and certain other ansactions by brokers)										
• Form 1099-5 (proceeds from real estate transactions)													
	Purpose of Form • Form 1099-K (merchant card and third party network transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1099-K (merchant card and third party network transactions)												
inform	dividual or entity (Form W-9 requester) who is required to file an nation return with the IRS must obtain your correct taxpayer	1098-T (tuition)			teres	1), 109	18-E	(Stuc	ient Io	an in	erest),		
identi	fication number (TIN) which may be your social security number , individual taxpayer identification number (ITIN), adoption	• Form 1099-C (cand											
taxpayer identification number (ATIN), or employer identification number													
(EIN),	(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.					⊌⊓ť							

returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

If you do not return Form W-9 to the requester with a TIN, you might

be subject to backup withholding. See What is backup withholding,